

# THE ALKALOIDAL CLINIC

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## TAKE AN OUTING FOR YOUR FAMILY'S SAKE.



NE of the lessons we have most earnestly endeavored to inculcate on our readers, is that of the wisdom of taking one's share of pleasure each day. It is so easy to get into a treadmill sort of an existence, doing each day the duties that come to one, and each day finding rather more than one can do. The spare moments may be the "gold dust of time," but it does not follow that they are therefore to be spent in work. There is a duty in securing a due amount of pleasure to one's self and family that is as essential as the demands of labor.

The late Dr. Garretson used to express this in a very effective way. He gave this conversation with a farmer:

"What are you doing?"

"Planting corn."

"What for?"

"To feed hogs."

"What for?"

"To sell and buy more land."

"What for?"

"To raise more corn."

"What for?"

"To feed more hogs."

"What for?"

"To buy more land."

And so on, *ad infinitum*.

The same senseless plodding on in a rut, without any definite object or any worthy of such unremitting effort, characterizes too many of us. Just why we keep at it, or what we expect to gain, is not easy to explain. The writer pleads guilty to the fault he is trying to warn you against. The tendency grows to become absorbed in his work, to encroach on the time that belongs to the family, to carry the work to meals, etc. So it becomes necessary to break away at intervals, to rest the tired eyes and refresh the brain with new scenes and experiences. It is for this reason that we have tried to warn our good friends against a like fault, and endeavored to attract their attention to a method of recreation that is well-fitted to remedy the evils of too close application to work.

And in outdoor sports we find indeed a re-creation, a renewal of vitality. Every physician should subscribe to a journal

devoted to field sports, and when the impulse arises in him to take an outing he should promptly give way to it. All work and no play most assuredly makes Jack a dull boy; and few of the Jacks realize how very dull they are.

Beware of the man who permits himself no relaxation, who is completely engrossed in his work. Nature will exact her rights sooner or later, in the shape of broken health, failing mind, or perhaps some moral delinquency that is her protest against too much goodness. The exceeding foolishness of the old fool is proverbial, but how often is it this protest of nature, too long deprived of the pleasures of life? Let a man work off his needs in the pursuit of game, and he will be less likely to take the periodic spree, or poker seance, or more disreputable orgie.

The capacity for enjoying the good things of this beautiful world is one a man should jealously guard, as the one thing that makes life worth living. Could we not at times shut our eyes against the swelling floods of misery and wretchedness that surround us, suicide would be too attractive. And of all this undercurrent of woe the doctor knows but too well the extent. His eye sees it all; he is the one most constantly called upon for sympathy and aid; his heart is drawn upon for help and comfort, until it is a wonder every drop of human kindness is not exhausted by the drain. There is no fear of his indulging too freely in the pleasures of the sport. The great charm in it is in the freedom from the every-day treadmill—if it came too often it would cease to be such a delight.

Believing that a physician should practice what he preaches, the writer accepted

an invitation to spend a week with the Bear River Duck Club.

A drive of sixteen miles from Corinne, Utah, behind a pair of cayuses, brought us to the club-house of the Bear River Duck Club. The road was somewhat heavy, a snowfall melting having softened the mud flats over which it runs, but we made the trip in an hour and a half. The club house is large, elegantly furnished, airy, with hot and cold water in every room, tub and shower baths, hot-water heating, acetylene lights; in a word, all the luxuries of a well-appointed city club, with steward, chef and cuisine, that any of the city clubs might appreciate. At the club we found Mr. L. L. Terry of Salt Lake City, to whose courtesy we owe the privileges of guest; Mr. Browning of Ogden, the celebrated inventor of the Colt automatic revolver now used in the Navy; Mr. MacKenzie of Denver, a noted trap-shooter and hunter; Mr. Bigelow of Ogden, Mr. Johnson of Corinne, and others.

We left the club-house in flat-bottomed skiffs, and pulled out over the mud flats, which were covered with one to six inches of water. The skiffs slide over the mud, propelled by pulling and pushing with oars, and a man at the back in the water, "kneeing." The push pole of Fox Lake seems unknown here, but might be of use, as the mud is clayey and the oar sinks into it but a few inches. In rowing, the oar-blade is dug into this mud to get a purchase, as there is rarely enough water to cover the blade. These mud flats extend for miles around the mouth of the Bear River and the shores of the Great Salt Lake, making an ideal home for water fowl, of which countless multitudes are to be found throughout the year. The laws of Utah limit shooting



Eckstein injects paraffin to fill up the orbit after enucleation, and finds it does not induce pulmonary oedema like vaselin.

Hydrastine or hydrastinine, gr. 1-8 to 1-4, is more effectual in controlling hemorrhage than the fluid extracts.—E. E. Montgomery.

to three months, and the daily shoot to forty birds; and this could be multiplied almost without limit by one who cared for useless slaughter. Altogether, the claim of the members, that this is the greatest ducking-field in the country, seems well-founded. In one other respect, a stray visitor may not have much right to express himself; yet it is important to many who enjoy shooting for itself. There has been no drinking, no cards, no uproar, since we came; and this is, we are told, the usual condition. A well-known sportsman once remarked to the writer that he enjoyed ducking, but did not care to go where men sat up all night playing poker, and keeping those awake who did not care to play.

And decoys! We think of the kindly sportsman who in our apprenticeship explained that the drake must always be set facing the duck. This we accepted, as harmonizing with the general truth that the sex needs watching. But here they merely go out around the blind with an oar, and heave up gobs of mud a few inches above the water—and that's all. And we are bound to say that no elaborately-painted decoys, with every feather accurately depicted, seemed more efficacious in luring the wary fools to destruction.

Of the "bag" we made, "it boots not to say." Although the tail-ender in the score, we killed more than in any one day of our limited experience previously; and more in the week than in our whole life before. There is something in the fall of a flying bird, brought down by one's gun, that is indescribable—a quick, keen, rush of triumph—a relic of those ages of ancestral hunting, that underlies the veneer of civilization in every normal man.



Pruritus Ani: Thorough cleansing, inside and out, and applying oil of wintergreen locally. undiluted.—W. T. Jones.

And the surest evidence that this relapse into primeval conditions is healthful to mind as well as body, is the renewed zest with which one tackles his work after a hunt. The renewed force, the increased vitality, are real and great; and so sure as "by their fruits ye shall know them," so is this indulgence conducive to better conditions of mind and body. One will do better work, more of it, have better health and live longer, for a periodic shoot. And in the pursuit of field sports one gets rid of an enormous amount of acidity, that would otherwise tinge everything he did, mar his work, embitter his family relations, and intoxicate his thoughts and emotions. Many a time, in reading some of the pessimistic or malevolent productions of the pen, we have thought, would he have written that after a week afield?

A wise woman we once knew bought her husband a shooting outfit, and whenever the evidence of irritability became prominent in him she suggested an outing; with most beneficial results as to the family peace.

Many men are muscled for manual labor but their destiny confines them to the office. But nature will not be balked, and when a man is fitted out with good muscles he *must* exercise them, or suffer; so that physical work is a necessity to him that a flat-chested, thin-armed, lean counter-jumper does not require.

Youngsters may like the rough life of a camp; but when one has turned his half century he appreciates the sport taken in a gentlemanly way, with the comforts of an elegant hotel awaiting him, on returning from the day in the blinds, a superb dinner prepared by competent cooks, and the society of gentle-

A Newark boy was saved from tetanus, being treated by antitoxin, after a six weeks' struggle.

men to be enjoyed during the evening. For after all, the pleasantest hours are those when the big easy chairs are drawn together around the heater (it is to be an open fire-place next fall, we believe), and the doings of the day are canvassed. The jokes, the fun, good-humored rail-lery, discussion of scores and shots, guides and guns, are not to be soon forgotten.

Thanksgiving day was especially great. The snow came in gusts, and the ducks would not be denied, but persisted in their onslaughts until each shooter approached the limit. The main flight was of green-winged teal, but the mallards were well represented, with a sprinkling of pin-tails, spoon-bills, and an occasional bluebill, widgeon, butterball and canvasback. The largest duck of the season fell to one of the party, a mallard weighing nearly four pounds.

The wind blew in from the north towards night, and the row home was long, and cold enough to make the grand dinner very enjoyable. And be sure that the lonely men who sat around the table that night did not fail in due remembrance of the "Sweethearts and Wives," far away.

This is probably the greatest breeding and feeding ground for ducks in the United States. Sometimes half the horizon would be black with the birds as they arose. The Salt Lake never freezes, and many ducks winter there. The distance from the great centers of population, and the wise laws of Utah forbidding the exportation of game, keep out the pot-hunters and the crowds that have extinguished duck-shooting at the Fox group of lakes.

When Stansbury visited the Salt Lake in 1849 he wrote as follows: "The Salt

Lake was covered by immense flocks of wild geese and ducks, among which many swans were seen, being distinguishable by their size and the whiteness of their plumage. I had seen large flocks of these birds before, in various parts of the country, and especially upon the Potomac, but never did I behold anything like the immense numbers here congregated together. Thousands of acres, as far as the eye could reach, seemed literally covered with them, presenting a scene of busy, animated cheerfulness." This description holds good to the present day.

The club is composed largely of sportsmen from Salt Lake, Ogden and Denver, but Omaha, Chicago, Allegheny, Nashville, Memphis, Spokane, City of Mexico, and even New York and Boston, are represented by men willing to come this distance for the sport. And it is worth it; and as the game grows scarcer and sportsmen multiply, the value of such opportunities as this club affords will enhance.

After a most enjoyable week we turned our steps homeward, well satisfied with the sport we had come over 1,500 miles to find, and with hearty appreciation of the courtesy of the club which had afforded us this great enjoyment.

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The hopeful, cheerful men and women who see success and longevity in their calling, are the ones who are sought after.

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#### POPULAR BELIEFS.

Is it wise to sneer at the beliefs of the common, uneducated people, and turn down as unworthy of serious con-



Antiphlogistine is the thing for mastitis; with saline laxative for the regulation of the bowels.—J. W. Etheridge.

Constipation: Wonderful results from dilating anal sphincter with electricity, large metallic electrode.—J. S. Clark.



sideration everything that does not harmonize with the prevailing opinion among the cultured classes?

The farm hands and milkmaids of England had an absurd belief that anyone who got 'sore hands while milking cows would be thereby protected against smallpox; and this queer notion furnished lots of amusement to the physicians who heard of it. By and by one investigated it, and discovered that the idea was true; and yet the inherent absurdity is so great that to this day there are men who refuse to believe the overwhelming evidence proving it.

Out of the myriads of plants growing in China, the people use one only as the basis of a hot drink, a daily constituent of their diet. In the same way the Arab uses coffee, and no other plant; the Mexican used chocolate, the Brazilian guarana, the Paraguayan mate, and the Indian of the Carolinas holly. What singular chance led each of these widely-separated peoples to select the only plant growing in their homes that contained caffeine? Not a caffeine-bearing plant has been discovered as yet, that is not used as the basis of a hot beverage. How can this be explained?

The Chinese attribute marvelous properties to the ginseng, as a proloner of life, and as an aphrodisiac—the former quality possibly being a popular and unfounded deduction from the latter. The reason for this belief is alleged to be the curious resemblance of some of the ginseng roots to the human lower extremities—a pair of legs widely separated. Such roots are most highly prized by the Celestial. A childish, primitive thought, belonging to the period of sig-

natures, when the yellow saffron was given for yellow jaundice.

But sometimes real truths exist underneath a trivial or untrue hypothesis. Some days ago the writer prescribed a few granules of podophyllin for a patient, a man in his fifties, whose sexual appetite had shown the healthy subsidence appropriate to his years, and who was consequently ready to leave to youth the consideration of such matters, as appropriate to that period of life — in other words he was absorbed in his business and gave very little thought to matters of sex. But he came back complaining of an annoying revival of sex activity, unexpected and unwelcome, and attributed to the granules.

As everyone knows, the podophyllum root bears a marked resemblance to the human legs, quite as much as the ginseng. As a cholagog, replacing calomel, its virtues are well known; but has anyone discovered in it aphrodisiac properties? We will look up the literature at our disposal; and in the meantime will be grateful for any observations our readers will furnish.

But what we started out to say was, that it is unwise to condemn offhand, without investigation, any idea that does not seem to harmonize with our existing system of belief. We may wisely recollect how Cyrus Field was set down as a crank for persisting in the idea of an Atlantic telegraph; how the insane asylums of a century ago confined the lunatics whose crazy brains conceived such preposterous ideas as the telegraph, telephone, railway, the marvels of modern science as we see it, THE ALKALOIDAL CLINIC, and similar objects with which



What a man aspires to become shows his desire, his will, and the assurance of what he can achieve.—J. S. Clark.

In the friction of life, look not for the faults of others, but for those in yourself.—J. S. Clark.

every-day observation has familiarized the present generation.

Don't be so cocksure you know it all.

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There is no such attraction towards a noble life as the dependence and love of childhood.

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### THE DRUG EVIL.

There are doubtless few things that give physicians, legislators, statesmen, sociologists and others who have the interest and welfare of their country at heart, more concern than the appalling and insidious increase of what may well be defined as drug drunkenness. That the use of morphine, opium, cocaine, arsenic, and the like, is steadily increasing in nearly every large city is a fact that none can deny, and against which the best medical and legislative skill seems powerless to combat. In the coal-mining and iron-manufacturing centers of the Middle West and South, and among the poor, the hand-to-mouth class of the greater cities, one encounters the drug evil in its worst form.

Several years after the civil war, morphine was almost unknown among the great body of Southern poor whites, the class that now work in the cotton mills of South Carolina and Tennessee, yet to-day it is making serious inroads among the people of this class, and every manufacturing center south of the line laid by Mason and Dixon has its morphine eaters.

The cause of this change, little though one might suspect it, is not far to seek. The bulk of patent medicines consumed in the United States goes to the South. A wealthy manufacturer of patent medicines was one day talking to a friend,

when the latter observed that he (the manufacturer) doubtless sold a large part of the output of his plant in the city where it was conducted. To this he laughingly replied: "I would rather have one county in Tennessee or Alabama than the entire city as a market for my medicines." The poor whites of the South, ignorant and underfed, are perpetually ailing with all manner of complaints, imaginary and real, and for these they are perpetually buying patent medicines with attractive Biblical names, and, as many of these compounds contain a certain per cent of laudanum or morphine, it is easy to see how those, who, in the changed conditions that have come over some parts of the South, have become mill hands and miners, have learned the morphine habit.

Few things are more curious and remarkable than the rise, if such a thing could be called a rise, of the opium and morphine evil. To-day the average American or Englishman can hardly think of a Chinaman without the mental vision of opium pipes and smoking, rising in association therewith, but the time has been, and that less than eighty years ago, when the drug was almost unknown in the Flowery Kingdom.

Opium has been grown in India, Persia and Turkey (on the very threshold of Europe), for several centuries, yet for some reason, from the earliest times until the present day, it has failed to get a hold on the people of those countries or to spread toward the west and into Europe, as it has in China. It appears that about 100 years ago, perhaps less, some English merchants in Shanghai imported some of the drug, which, proving a paying venture, more was brought over with the result that in spite

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Be calm, have confidence, hope, courage and intelligence now, and thus also will be the future.—J. S. Clark.

To a man in mid-life, dizziness, however slight, and lapse of memory, are systemic warnings dangerous to neglect.—P. M. Wise.

of the laws and edicts against the use of the drug and forbidding its sale, importation and cultivation, it spread like wildfire over the Celestial Empire.

To-day not only are 80 per cent of the men and 60 per cent of the women of some of the provinces addicted to its use, but the land which should be used for the cultivation of rice and other grains, thus removing the danger of famines that have occurred in increasing number and at shorter intervals since the introduction of this drug into China, is monopolized by this, the most lucrative and profitable crop.

The West has no reason to fear what is known as the "yellow peril," as the entire nation is poisoned and enervated with opium.

Although the Chinese are slaves to the habit, there are few who defend either its use, sale, or cultivation.

In our own country physicians are viewing with amazement, in their daily practice, the multiplying cases of drug mania. Not only are morphine and paregoric, cocaine, Jamaica ginger, chloral and Florida water habitues increasing alarmingly in numbers and wretchedness; not only are hospitals and sanitariums increasing to accommodate them, but the sociologic and governmental problem of what to do with them and their physically, mentally, and morally degenerate offspring must speedily, courageously and wisely be determined. Why do not the temperance people fight the patent medicine enemy? Think of a crusade against beer, which contains only from 2 per cent to 5 per cent of alcohol, while allowing the sale of "biters" containing ten times as much.

It is worthy of serious consideration whether the state which is taxed to pro-

vide asylums and reformatories for the inebriates, the nervous wrecks and the insane, should not put some check upon the sale of remedies which contain *pleasantly disguised drugs*, which wreck the physical, moral and nervous strength of their victims.

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There is no greater rebuke than the surprise or fear in a child's innocent eyes.

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### THE ELDERLY BLADDER.

As men approach old age the bladder assumes an importance unknown before. It grows irritable, and the calls to urinate must be promptly attended to, or distress results. The night is invaded, and once or more the man must rise to empty this imperative viscus. Gradually the expulsive force weakens. The stream may start with its usual vigor, but soon this subsides to a dribble; and the clothes are apt to show stains if the man does not awake to the situation, the last few drops being discharged without his volition.

What is a man to do in this condition?

Much, very much, depends upon the manner in which he meets this evidence of advancing years. If he is tempted to use the catheter, just once, to see whether the bladder is completely emptied, he will be amazed to discover that from that time on, he is unable to empty his bladder in the ordinary way, but has entered that distressing period known to the initiates as catheter life. Then it is a question of catheter cystitis, of success or failure in using the instrument, of dearly-bought experience in the selection, use, care and sorrows connected therewith.

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An easy conscience gathers the coin of the realm, but such is not legal tender on the Styx ferry.—P. M. Wise.

The best stimulant is a good deed, well done, and not advertised.—P. M. Wise. It warms the heart.

Very great importance attaches to the complete and thorough emptying of the bladder. No residuum of urine must be allowed to remain in the bladder to set up cystitis. Take time to allow the very last drop to dribble away. As the power of the bladder wall subsides, supplement it by bringing into play the accessory muscles, without straining, using no more force than is absolutely necessary; for here too it is needful that the lazy bladder be not aided overmuch. And this can be done for a very long time, if care be always taken to thus completely empty the bladder, without straining, and without help.

But at the same time extraordinary care must be had to prevent the bladder becoming over-distended. This may at any time cause the final failure of the detrusor and necessitate catheterism. The calls for evacuation should be at once attended to, provided they are not too frequent. Once in the night is usually enough, and once in two to four hours by day. If the bladder becomes too irritable this should be discouraged, as a habit of intolerance is thus cultivated.

How about drugs?

Put off as long as possible the resort to them. Without a doubt the use of strychnine, cantharidin, rhus, etc., stimulates the detrusor and enables the patient to do a while longer without the catheter, but they cannot add any real strength to the weakening organ, and their only effect must be to bring in play at once the little remaining power, and thus exhaust it earlier. Would that we could say truthfully that they, or any drug, really restored the strength of the bladder walls, and thus postponed catheter life.

Does any drug do this? Does massage do it? Does any form of electricity? Is there any method or means of adding to the power of the bladder, that is anything more than a draft, payable with interest in the future?

That such a remedy is demanded seems likely, from the number of them put on the market by the wide-awake manufacturing chemists. Nearly every prominent house has a preparation of this sort, and testimony is not wanting as to their efficiency. And we are far from denying their value. In fact, we are most anxious to be convinced that they are truly valuable, and to know in just what cases they are best given. There are cases of cystitis, gonorrhoeal and otherwise; of prostatic disease of various forms and degrees; of urethral hyperesthesia; but we are not referring to these just now. What we want to know is how to differentiate between saw palmetto, triticum, sandal, corn silk, etc., and to know when to prescribe each, how to mix them, just what each may be expected to do.

Frankly, we want information; on this, a most important and obscure corner of the medical field. Won't you help us? Everyone of you who has had experience in this line, tell us of it. Let us know of your successes and failures, your uses of these remedies and their limitations.

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Religion is not a rule of conduct; it is the divine development of human capability.

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#### PAREGORIC POISONING.

At St. Joseph's Hospital, Denver, the infant child of Dr. F. L. Spaulding died from the effects of a single dose of pare-

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One thing I must tell you, gelsemin in asthma hystericus does wonders.—J. Hoyer, M. D., Tisch Mills, Wis.

Van Zandt tabulates 1,130 cases of pneumonia treated by creosote with 56 deaths; less than 5 per cent.—*N. Y. Med. Record*.

goric. The child was healthy and had been doing well till ten days old, when an alleged "colic" was met with paregoric, the usual dose for a babe of that age, and the child died of the drug.

In his report the coroner said it was merely one out of the many deaths that occur from the administration of paregoric. The varying susceptibility of children to opiates was dwelt upon, but no word is reported as to the varying composition of the medicine, or of the opium that constitutes its main ingredient. But there lies the true danger, as the dose that is safe in one instance may and does cause death in others, when the amount of morphine may be excessive, or this is deficient and the tetanisant alkaloids are in excess. In the one case we would see evidences of narcotism, in the other convulsions.

In alkaloidal circles this dangerous and uncertain mixture has been replaced by the Infant's Anodyne devised by one of the CLINIC's staff. This contains codeine sulphate gr. 1-67, lithium carbonate gr. 1-25, nickel bromide, ipecacuanha and oil of anise, each gr. 1-134. The only element of possible danger is the codeine, which is safer than morphine, and of unvarying strength. In the combination it requires little of this to give relief, as the lithium neutralizes acidity, the ipecac relaxes spasm and promotes healthy secretions, and the anise acts as a carminative, while the bromide soothes the irritated nerves. When given in the dosimetric manner, a granule every ten minutes or more, dissolved in hot water to insure quick absorption, there is no possible danger of an overdose; and if there were, the ipecac would bring it up.

We do not advocate the administration of anodynes to children of tender age; but we all know that many nurses and mothers will give them, and if we refuse to supply them they will get at the complaisant druggist's the dangerous abominations which, under the name of soothing syrups, cordials, drops, anodynes, etc., have poisoned so many infants. It is really worth while to look for the pin, to keep the bowels in order, to supervise the food, to protect against cold in the bath and otherwise, and in a word to use the wits and see what is the matter with baby before dosing it.

But if they must and will have an anodyne for the baby, give them one yourself that you know all about, and that is always the same in action and strength, and they will not need the dangerous nostrums.

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The true faith is a true progress, not a fixed point of belief.

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#### CHRISTIAN SCIENCE.

Suppose that instead of John, Matthew, Mark, Luke and St. Paul, Mrs. Mary Baker Eddy had written the gospels, epistles and other books of the New Testament, how many "keys," considering Mrs. Eddy's peculiar and mystical use of English, would have been published ere this? It is true many commentaries have been written on the Bible, but the authors, saints who followed Christ from boyhood, martyrs, holy men and ministers never thought of writing a "key" to St. Paul's letters or to St. John's history of the life of Christ. It remained for a woman to write a "key

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The average death-rate from pneumonia at Roosevelt Hospital in five years was 35.6 per cent; under creosote 5.5 per cent.—Van Zandt.

Schubert reports a case where a patient took 8 to 12 oz. infusion of digitalis a week for six years.—*Med. Record*.



to the Scriptures." Jennings asserts that "It is of the greatest importance to the Christian Science movement that a pure, Christian character is the author of its text-book." Suppose it could be shown that the Christian Science text-book was written by a noted criminal. Men would say: "The book sets forth high ideals of living, but its author is a hypocrite and a felon."

Mrs. Mary Baker. G. Eddy has been married three times. The commercialism of her dealings with her disciples, the extravagant tuition charged those who take a course in Christian Science, all these things and many others, added to her sacerdotal assumptions and the impudence of the title to her book discredit her doctrines.

It is not possible to over-estimate the importance of *purity* and *unselfishness* and the absence of *greed*, as the necessary qualities of the founder of a new sect. If Christ had used his miraculous powers to turn the stone into bread to satisfy his own hunger, if he had dictated to his disciples the golden words of his instruction and told them to communicate his teachings only to those who would pay them a hundred dollars, he would not have been the Christ.

If Mahomet and Buddha had contrived, like quacks, to inform millions that they would sell them the secret of eternal life and of sound bodies for a price, there would not now be millions of Mohammedans and Buddhists.

Christians have been burned at the stake and tortured in nameless tortures in the Middle Ages, and in the time previous to the adoption of Christianity by Constantine, for refusing to recant, but it does not follow that every woman who announces herself the founder of a

new religion and is rejected by the staunch advocates of the old faith is holy and acceptable unto God.

The world hates the work of anarchists and executes every one the officers catch red-handed. The world hates the work of murderers, robbers, counterfeiters, of men who get money on false pretenses, and whenever the officers catch any of these men and by due process of law they are found guilty, they are imprisoned. The world's disapproval is by no means a sign that the object of disapproval is the Lord's anointed.

The Bible warns us against false prophets. The world had shrewd experience enough to distinguish the forerunner of Christ from the magicians and medicine men of his time. Dowie and his disciples point to the disapproval of the world as a triumphant establishment of Dowie's genuine inspiration.

Since the time of John the Baptist, messengers from heaven have not attempted to make money by selling sacred secrets. Dowie, Weltmer, Mrs. Eddy, and all the more or less obscure absent treatment "healers," claim to know things more clearly and to have a better command of language than those who wrote the inspired text. Happily the *millions* still prefer the Bible.

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We must ever go on. Heaven is not endless rest, but an endless unfolding of power and life.

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#### A LESSON IN FINANCE.

The Millionaire:—Doctor, you have made me six visits, and I am well. How much is your bill?

The Doctor:—One thousand dollars.

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Adams complains that consumptives will soon be shunned as the leper is. Well, the former is admittedly the more dangerous.

The consumptive is now being excluded from the Adirondack resorts, where he was welcomed till deemed dangerous.

The Millionaire:—Wh-a-a-a-a-t?

The Doctor:—One thousand dollars.

The Millionaire:—Why, that is downright robbery! You attend a thousand people in town for that sum, and you ask it of me for six visits.

The Doctor:—I will explain. The fees paid me by the poorer citizens are insufficient to keep me in food and other necessities. But you require much more than simple existence from your medical adviser. He must be educated, in general and in his profession. He must attend the best schools, take every opportunity to perfect himself in his art, buy every device that appears, to enable him to do better work; and he must know how to use them with the greatest skill. To perfect myself thus has cost me many thousands, in cash and time; and to acquire the requisite skill I must have a whole clientele of patients, to give me wide experience. Hence my service to these poor ones is really a means of putting me in the best trim for you, when you need me. Were I to charge you only the fees I get from them, or had I not some men like you to pay me a little of what I save them by quick cures, I could not practise medicine, but would get into some other line. It is absolutely necessary that you pay me well to keep me up to the point of skill that makes me useful to you.

The Millionaire:—Make it five thousand, Doctor. My time is worth that, to say nothing of the pain you save me, or of the danger averted. But in return for this I expect you to take especial pains to fit yourself to do me the best service man can render. I feel that my bladder is getting weak. Find out where the physician lives who knows most about the bladder, go and see him and

learn all he can teach you. If you need more money draw on me. I cannot afford to be ill, nor can I afford to leave my business to go to the specialist. I can and will pay you to do so. And the same thing holds good as to my family. Study their peculiar needs, be ready to recognize their ailments promptly, and to apply your remedies in good time; and your services will not be recompensed on a basis of so much per visit with a big discount for cash down.

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In the lower kingdoms it is a survival of the fittest; in the highest a survival of the fittest, the struggle for life for ourselves merging into a struggle for life of others.

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#### AUTOMOBILE ILLS.

An epidemic of ear disease at first unexplainable has attacked many club people of the larger cities. The fashionable physicians have had to treat an unusual number of affections of the ear, from ordinary neuralgic aches to far more important troubles, such as abscesses, deafness, and other unpleasant afflictions to which the ear is subject.

Now the physicians treating these cases aver that the sport of rapid automobiling is the cause of the prevalent ear troubles. They say that the action of the wind resulting from the quick progress of the machines is likely to result very seriously unless careful precautions are taken, and that there is also much danger through the particles of dust and flying gravel which are liable to find lodgment in the chauffeur's ear.

The high rate of speed produces the danger. Travel at an ordinary degree

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Uninjured intestinal membrane will allow absorption into the blood, but none from the blood into the bowel.—Huddleston.

Icard asserts that the yellow journals of France have much to do with the causation of crime, especially by women.



# LEADING ARTICLES

## UNRECOGNIZED IMBECILITY.

By Harold Moyer, M. D.

**T**HE frequency with which imbecility is overlooked when fairly well developed is a surprise to those who examine individuals charged with crime. A case recently came under the writer's observation which illustrated clearly the ease with which high degrees of mental incapacity are overlooked by the average layman. It also illustrated the ill-advised use of special terms which were formerly so prevalent in psychiatry. The writer was requested to examine a boy aged fifteen years who had been charged with setting fire to a building and who was said to be a "pyromaniac." Those who had charge of the lad said he was docile and promptly obeyed all requests, was well behaved and there was apparently nothing the matter with him excepting a defect in speech.

Upon examining the boy the defect in his articulation was apparent. He stammered and his articulation was so defective that he was understood with difficulty. A conversation was carried on slowly as replies were received after a considerable interval, or, indeed, in some cases he was not able to formulate the answer at all owing to an inability to control the muscles of articulation.

The stammering was one of the most severe that has ever come under our observation. With the exception of this defect in speech which might be called a stigma of degeneracy, the boy presented no very obvious physical defects. He was rather small for his age, but fairly well developed; the head was of normal size and symmetrical; the ears were well developed and the facial outlines were normal. Hearing and vision were normal. The dentition was not regular, the lower jaw projecting beyond the upper and there being a marked deviation of the right dental arch of the upper jaw. The physical condition of the boy was fair; his nutrition was good, digestive and circulatory as well as urinary organs being normal.

There was nothing in his appearance to indicate that he was in any way abnormal. He was rather alert in his movements, readily understood what was said to him and was particularly prompt in obeying requests. It was these superficial appearances that led those who had charge of him to infer that he was a quite normal lad and that his criminal tendencies were the result of some concealed motive.

A very superficial examination served to bring out the very defective mental condition of the boy. He stated that he had been in school for a period of four years and that he had advanced as far as the fourth reader. At the same time he could not read anything excepting the simplest words and was unable to read a simple child's story. When it was read to him, his comprehension was so defective that he could not repeat even the main details of the story. He was able to tell where he lived and approximately how long he had lived there, but prior to his coming to Chicago he had lived in the country with his parents. He was unable to tell where, but only indefinitely that it was in the South.

He named correctly the president of the United States and said that the predecessor of the present incumbent of the office was McKinley and that he had been shot. This was the most succinct and clear statement that was obtained from the boy in reference to past events of which he might reasonably have knowledge, or those which dealt more directly with his own personal affairs. He said that he lived in Chicago which he thought was a large city. When asked if he knew of another large city in the United States, he said that he did not live in the United States but that he lived in America, and was then asked to name another large city in America. He answered, "Pennsylvania." Similar answers were obtained to other questions, but, not to lengthen the description they were all of the same type. It was apparent that the boy had a very imperfect faculty for registering impressions and that he was essentially an imbecile, though capable of reacting for a brief

time to impressions so that his defects were not apparent to those who did not closely observe him.

In a subsequent interview with his mother, the facts in his history were learned which confirm this view. She said that he had been kept in the public schools for a period of two years and that finally she was compelled to take him out because of the disturbance of the classes due to the defects in speech which annoyed teachers, and his total incapacity to learn. He was subsequently placed in a private institution, but he progressed no more rapidly there.

He was first charged with setting fire to buildings when twelve and a half years old. The circumstances attending his first efforts in this direction are somewhat obscure. He was in the company of another boy at the time and it is believed that the fire was started by them in play. The conflagration was not severe, but from that time on he has shown some tendency in this direction. He was carefully watched by his parents for a period of two and a half years and seemed to be free from it. At that time he went to work as an errand boy in a small manufacturing establishment. It was his business to open the doors in the morning, for which purpose he had a key. One evening he did not return to his home until about nine o'clock. It was subsequently disclosed that he had left his place of employment at the usual time with the others and the place was locked. He remained in the neighborhood instead of going home, and at the end of two hours returned to the place and set fire to some papers which caused a conflagration which was confined to

Bobby: "What is a 'she-devil,' papa?"  
Papa: "If you say another word against your mother, I'll whip you."

The Boy: "And was silver once a precious metal?" Father: "Yes, at one time silver was more valuable than coal."



the room in which it was started. Having set fire to the building he went home, but came down at the usual hour the following morning. There were some circumstances that connected him with the fire and he was charged with it and readily admitted that he had caused the conflagration, stating the details. The most searching inquiry failed to reveal any motive for the crime. At one time the police thought that a motive might be found in the fact that the cash drawer was short some seventy cents and that the boy had taken it and that the conflagration was started for the purpose of concealing the theft. In the light of the frank admission of the boy that he

had started the fire and his evident mental incapacity, such a motive would certainly be inadequate.

The case is an instructive one as it shows the high degree of imbecility which may exist without any obvious defects in expression or action so that there is nothing to call the attention of those who superficially observe the individual to his mental defect. Not a few of the inmates of our houses of correction and those who are constantly committed for petty offences belong to this same class, though the defects are not usually so marked as they are in this individual, but they are essentially feeble-minded.

Chicago, Ill.

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# THE DOSIMETRIC TREATMENT OF GOUT.

By Dr. E. Monin.

**G**OUTY conditions are usually looked upon as a sort of blood poisoning, by uric acid, that is formed in the liver and the tissues.

Therefore, favor the combustion and elimination of this acid—*hoc opus, hic labor est*. So a more or less vegetarian diet is ordered and plenty of diuretic drinks, milk, whey, alkaline waters, grape cures, and such like treatment. All excess of nitrogenous food is forbidden, and alcohol, as they seem to aggravate the trouble, by making the blood acid, the kidneys defective and the liver torpid.

For my part I think that in order to insure the regularity and elimination of organic combustion, as well as to maintain a proper equilibrium, there is nothing

so good as a saline laxative like the Seidlitz salt (Chanteaud's).

This secures a free action of the liver as well as the intestines. The waste matters found in these last are like the ashes of the stove, and if a free draught is prevented in the animal stove, it can be cleaned out by the Seidlitz salt.

The albuminoids in place of being transformed into urea, the last portion of their oxidation, are stopped by this saline and do not have a chance to complete their bad work.

I know a number of uricemic and gouty people who have for years prevented megrim headache, lithiasis, neurasthenic depression, abdominal venous obstruction and painful swellings of the joints by simply taking every morning a few grams of this salt.

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The anti-pneumococcic serum is perfectly useless in the treatment of pneumonia. It is not due to a single bacillus.—W. J. Robinson.

Pneumonia: It is the robust that are more likely to drop off suddenly, the weak more likely to recover.—E. F. Wells.

Add to this the regular exercise they should take, in the open air, dry rubbing or massage, woolen underclothing, and nine times out of ten the alkaline normal is restored.

It is, of course, idleness, luxury, and overeating, that are the most important factors in gout and its complications.

It is often necessary for a physician to watch over the stomach of such patients, as they suffer from atony or catarrh of that organ, with distention and flatulence. I have often seen in my practice quite serious forms of dyspepsia, due to the overcharge of the blood with uric acid only, and these cases were mistaken for cancer of the stomach. Every doctor has seen, with Graves and Scudamore, that the gout attack is preceded by digestive troubles. In such cases it is well to order a rectal enema of a decoction of chamomile flowers, and before meals give two granules of *quassin* and one of *emetin*.

In the intervals of gouty attacks it is well to advise for two weeks in each month twenty granules of lithium, the carbonate and benzoate alternately, 20 *pro die*, I mean, given in the middle of the meal so that no gastric trouble may arise.

Lithium is curiously "hungry" for the uric combinations, and replaces very quickly soda salts. The bi-urate of soda, which is nearly insoluble, is made a urate of lithium, that is so easily melted that Gubler used to say that it "fainted away" in lithium.

I have seen this action so promptly brought about that it has caused the resolution of "tophus" deposits about the joints.

We do not yet know the real action of *colchicine*, but it is wonderfully efficacious in these cases when in an acute state. This is said to be owing to some particular influence over the nervous system. Be this as it may, it is certain that *colchicine* favors the elimination of the uric salts and prevents attacks of gout.

Watson says that it has a magic power in acute gout, and I order one granule of it every hour, with three granules of sodium salicylate, and a complete milk diet for forty-eight hours.

The association of the small dose of sodium salicylate with *colchicine* has the great advantage of lessening the irritant action of the first drug upon the small intestines. In this way we can avoid those metastases that come at times after the old method of giving *colchicum*, from the too sudden relief of the gouty symptoms.

No matter how skeptical one may be in regard to this action, spoken of by the old writers, still you will often see it. When you suddenly suppress gout by strong drugs, you throw back into the circulation uric acid, that will attack the stomach or the nervous system. You will do well to believe in metatasis. It may be old-fashioned, but Stoll and Sydenham will fool you less than Koch and even Pasteur sometimes.

Indeed if we wish to be most useful to our patients we will do well not to be too "modern style" in our treatment and ideas.

It may be that microbiology will one day give us the key to clear up uricemic physiology, but it has not done so yet, and we may as well stick to the old "humoral" theory until it does.



**Pneumonia:** The physician must be content to watch the course of the disease and observe the symptoms.—H. C. Wood, Jr.

In pneumonia I have obtained the best results from large doses of strychnine, better than from any other drug.—J. M. Patton.

I wish right here to protest once more against the use of antipyrin in gout, and this notwithstanding I know its power against pain. Its very least fault is that it will close up the kidneys and keep the uric acid in the blood, while it depresses the cerebro-spinal centers; and this is most dangerous in gout, and more so in the arterio-sclerosis cases.

Renal insufficiency is one of the great reasons for uricemia and therefore we must add diuretics to the treatment of such cases. The granules of benzoic acid, arbutin, asparagin and caffeine, are those of great utility, of course given with plenty of water.

These all prevent resistance to the proper function of the renal apparatus, stimulate indirectly also the slowed-up

nutrition, and draw off the excess of alimentary nitrogen.

Bunge tells us that we need seven to eight quarts of water to dissolve a grain of uric acid, so it is easy to see, when it gets free in the circulation and forms urate of soda that is so insoluble, what trouble it can cause.

Garrod and Lecorché tell us that gouty urine has one to two grams of these products in it, and this excess of the urates is the cause of hyperacidity in such cases.

Therefore we must promptly prevent this concentration of the urine and the silent accumulation of noxious principles in the blood of the gouty.

Paris, France.

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## OBSERVATIONS ON THE SUBJECT OF DIAGNOSIS.

By Addison W. Baird, M. D.

**E**VERY student and practitioner of medicine should endeavor to follow two principles; first, accuracy in diagnosis; and second, completeness in treatment. To attain sureness and certainty in diagnosis requires that every case be given adequate attention. I desire to mention some of the means I have found of service, and in a later article to enumerate some of the methods of treatment which supplement and reinforce the administration of drugs.

For convenience sake I have had prepared a printed blank which constitutes a comprehensive schedule for the examination of patients. While the manner of taking a case-history is perhaps more adapted to the needs of persons present-

ing themselves at the office, and particularly those suffering from chronic disease, yet it is also useful in casual and clinical work; and likewise constant recording of such cases greatly keeps one in systematic observation at the bedside. There is, of course, nothing novel in having prepared blanks and in writing down the given symptoms and the signs found; although this manner of conducting an examination is more the custom of the specialist. It is my observation, however, that this method is not only helpful to the medical man in a purely professional way, but also an aid from a business point of view, for most people are favorably impressed by an inquiry that completely covers their case, and are invariably inspired to great confi-

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Pneumonia: Strychnine does good because it equalizes the circulation better than any other drug.—J. M. Patton.

The outlook in any case of lobar pneumonia depends largely on the condition of the kidneys.—T. F. Reilly.

dence in their physician. As a matter of fact, I do not attempt to follow the precise order in which the topics are printed; nor do I in all instances fill in the blank, and sometimes use it merely as a guide in questioning the patient; but whether used as a guide or as a record, it enables me to know that nothing has been omitted through inadvertence, even when some points are purposely passed over.

Following is a condensed outline of the schedule, the information sought being grouped under a number of minor headings:

Name, address, date, number.

Personal Statement: Age, occupation, married, children, youngest, habits, alcohol, tobacco, venereal, etc.

Family History: Including chronic diseases, rheumatism, tuberculosis, cancer, etc.

History of Previous Disease: Childhood, adult age.

Onset of this Disease: First symptom noted, subsequent history.

Present Symptoms: Pain, tenderness, swelling, headache, sleep, nerves, mental state, appetite, diet, stomach, bowels, urination, fever, chills, sweat, cough, expectoration, hemorrhage, loss of flesh, of strength, heart and circulation, genital, menstruation, discharges.

Chief Complaint:

Physical Examination: Height, weight, etc, head, face, eye, ear, nose, mouth, tongue, throat, neck glands, skin, eruption, glands elsewhere, tenderness, swelling, limbs, joints, temperature, hour.

Pulse: Frequency, regularity, volume, tension, state of arteries and veins.

Heart: Apex, dilated, hypertrophied, sounds, friction, murmur.

Respiration: Rate, character, amount and symmetry of movement.

Chest: Palpate, percuss, auscult for friction, rales, breathing, voice.

Abdomen, stomach, liver and gall-bladder, intestines, kidneys, spleen, bladder.

Genital organs.

Tests: Nervous system (in special cases).

Laboratory: Urine, blood, sputum, feces, vomitus.

This examination once made and the detailed memorandum placed on file, there is a marked saving of time at subsequent interviews and greater dispatch in disposing of callers. Then, too, a later and more leisurely review of a case often leads to a closer investigation of some particular feature or answer, which in turn leads to the real seat of the difficulty. In the domain of so-called transferred pains, there are at times puzzling symptoms and we must be on guard to avoid being misled. Pain in the knee experienced by children, especially if unilateral, must not be set down positively as rheumatism, but should be thought of as arising possibly from commencing hip-joint disease. In fact, patients do not come in labelled with their disease and often they are not frankly and out and out sick. The statements we hear are frequently contradictory and misleading; still the patient's own rehearsal of symptoms is always of interest and usually a true guide, but sometimes unintentionally or by design may be deceptive, more often so if a physical examination be not made. For example, the other day a man of 45 presented himself in clinic, complaining of a persistent cough, loss of flesh and strength, and



Pneumonia: If venesection does any good by abstraction of blood, the application of glycerin will do the same.—A. B. Lyons.

Pneumonia: Support the heart, give suitable nourishment, and sustain the strength till the course is run.—H. H. Briggs.

nervous inquietude; he had received remedies for his cough and various tonic mixtures without benefit. Discovery of a small aneurism of the transverse aorta revealed the source of his troubles and suggested an entirely different mode of treatment.

It is always well to conduct an examination in an orderly manner, and the information obtained in this way furnishes valuable data. The simple facts of age, sex, heredity, marriage, occupation, habits and previous disease, may all have a bearing on existing illness. The item of chief complaint informs the doctor from what the patient seeks relief, and as a general thing treatment is directed primarily towards alleviation of such suffering or disability. Occasionally an extended statement of feelings and circumstances with a self-made or a home-made diagnosis may tax the doctor's patience; yet all these features of the case may properly come within the scope of his investigation.

Proper apprehension and correct interpretation of physical signs may be rather difficult for the novice, particularly in examination of the heart and lungs; at the onset some signs are sure to escape the beginner, but after a time the touch becomes educated and the ear learns to appreciate numerous variations and alterations of sound. Indeed, the more difficult this sort of thing appears, the more necessary is it to embrace every opportunity to attain perfection in the art. A few men only exhibit natural adaptation and unusual skill, but for the most part we acquire ability only by careful and persistent practice. During the process of inspection, palpation and auscultation, certain questions are naturally suggested in reference to the organs un-

der observation, and answers to these are in effect a continuation of the patient's statement of symptoms, verifying or correcting the first impressions. Not infrequently at this stage points are brought to light which might otherwise have been forgotten or deemed of no importance. A thorough inspection is essential with children, and it is surprising how many minor defects and deformities are found that are seemingly overlooked by parents. A tight foreskin or perhaps an accumulation of smegma may cause enuresis and nervous irritability; adenoids will often explain a puny form and lack of mental development; and many a mother will state only the symptom of head sweating at night, when all the evidences of rickets are plainly visible. The same holds good in attempting to diagnose and treat many skin diseases. See the whole surface and not merely the patches most easily exposed. At best it is a difficult matter to form a positive opinion in certain skin troubles, but the lesions nearly always present their most characteristic forms on the less accessible portions of the baby.

The extent and character of the laboratory work in connection with each case varies with the indications. As a routine matter I make a urinary analysis in every case coming under my care in a formal way; the completeness of the analysis depending somewhat on circumstances, but always the simple facts are noted. A urine determination may be strictly negative and thus kidney disorder is excluded; it may indicate that there are disturbances of function; or, especially in persons of middle and advanced life, it may reveal that renal changes have taken place. In the event of a kidney lesion being found, a more



When a patient with acute pneumonia gets well the doctor is fortunate and the patient more fortunate.—W. W. Tompkins.

The chief danger in pneumonia is in the toxemia which attacks the heart as a whole; not the ventricular strain.—A. A. Stevens.



critical investigation of the state of the arteries, the heart, the eye and other organs should be made.

Recently large claims have been made of the value of blood counts and blood examinations in certain disturbances of body functions and in some acute diseases. In a general way such procedures cannot be carried out with sufficient accuracy and completeness by the general practitioner, but these and a few other methods must be borne in mind as available whenever the clinical symptoms are insufficient or bewildering. Identification of the Loeffler bacillus in throat swabbings and of the plasmodium malarie in the blood, may be cited as examples of the satisfactory aid that a laboratory report can give in doubtful cases.

Regarding sputum specimens and slides, the report of a negative result is discouragingly frequent; and this, too, in many cases wherein tubercular pulmonary disease almost surely exists. Yet I believe it is our duty to persist in the use of all means of positive diagnosis in suspected lung troubles; for it becomes more and more apparent that some forms of consumption of insidious onset are entirely curable if the patients are placed under proper care and favoring circumstances. We are stirred to pity when, for example, early in life the head of a family is stricken with tuberculosis of the lungs; and it is still more deplorable when the dread disease is communicated to member after member of the same household, especially as we know such a disaster can be avoided by observance of a few simple measures of hygiene.

With all the care in the world there remain some cases that are mysteries. Many more, however, are not true mys-

teries but only puzzles, ready to be solved by the trained observer. Just as in acute diseases we find atypical forms, variations from the normal with absence of characteristic symptoms, so in the more protracted manifestations of disease we note others that become clear only after repeated examination and mature reflection. Often it is a curious and absorbing process arriving at a diagnosis. A patient may exhibit a state of rapidly failing health with few or no striking symptoms; in such a case it is well to think at the outset of the more serious causes, as, for instance, malignant tumor; if the gravest form of the disease can be eliminated by a process of exclusion, then it is safe to arrive at an explanation of a less alarming disorder. On the other hand we may encounter a large variety of symptoms, confusing by reason of their very number. In still other cases the evidence may be termed circumstantial, and so we are compelled to construct a working plan, so to speak, and test our judgment by the results of a chosen line of treatment.

Finally, having listened and observed, and weighed the evidence, put down a diagnosis in black and white. It may be tentative only, followed by a question mark and intended for later revision, but a diagnosis must be recorded. An inaccurate or doubtful diagnosis is better than none, for nothing so stimulates a doctor to further effort as the fear that somebody may discover his error. There are, as I have said, conditions of ill-health that baffle the utmost skill; but not all are beyond the knowledge of the earnest student. We may envy the brilliant diagnostician, but most of us remain seekers after light.

New York City.

Pneumonia: Prophylaxis is of extreme importance as to places and vehicles; street cars especially.—N. S. Davis, Jr.

There is a decided increase in the mortality from pneumonia, possibly due to increased consumption of alcohol.—G. M. Kober.

The importance of correct diagnosis cannot be overestimated. And this requires something quite different from the tentative guessing heretofore in vogue. The laboratory examination of the various excreta, and of the blood in many cases, has become an absolute necessity, not a mere "extra," to be used to impress the patient. Were the up-to-date diagnostic methods and the modern therapeutic arms of precision, to be generally utilized by the profession at large, there would be a saving to it of much money now lavished on unethical men. We have little right to complain of the success of irregular competitors when we

fail to utilize the gifts of modern science. A general awakening is needed. Do you need it, Doctor? Would it not pay you to study these new methods?

These methods are by no means difficult of acquisition. The books and apparatus are not specially costly; the satisfaction accruing from their application is beyond computation. How many times has the discovery of albuminuria explained an intractable dyspepsia. How often have we wished after a case of supposed typhoid recovered well inside the 21 days, we had applied Widal's test and examined the blood and feces for bacilli. —ED.

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## THE SPECIFIC TREATMENT OF GONORRHEA AND GLEET, BY PACKING THE URETHRA WITH AN ANTISEPTIC OILED DRESSING.

By S. T. Rucker, M. D.

Attending Surgeon, Erlanger Hospital.

**S**INCE the discovery of the gonococcus by Neiser, in 1879, physicians generally have been quite familiar with the etiology and pathology of gonorrhea. While the investigations of Neiser, Bumm, Baumgarten and others have been important and valuable, from a bacteriologic and pathologic standpoint, yet there has been little, if any, improvement in the treatment for gonorrhea, since the disease was first recognized.

In view of the fact that such great strides have been made in medicine and surgery for relieving and curing other diseases, it seems rather singular that in a disease that has been so long and largely prevalent among the nations of the world, there has never been a treatment used that would do much even to modify the course of the disease. In fact, some

of the leading genito-urinary surgeons doubt the efficacy of any remedy to cure or even shorten the course of gonorrhea. Hence, I will devote the most of this paper to the treatment of gonorrhea, and will propose and emphasize a method of treatment that not only is new, but one that will do the work promptly and surely; a treatment that when thoroughly understood and generally used by the profession, will, I believe, prevent and relieve as much suffering as any other therapeutic agent now in use. For what is more wide-spread than gonorrhea; what disease is more uncertain in its clinical course, and is attended with more painful complications and sequelæ? Then think of the thousands of innocent women that suffer and are made invalids by an incidental infection.

Venereal diseases, two-thirds of which


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Adenitis: Probably the most powerful of all remedies is the iodide of arsenic. Give with phytolaccin and juglandin.

Adenitis: Arsenic iodide gr. 1-67, phytolaccin gr. 1-2, and nuclein m. ij to v. four times a day, a great combination.

are due to gonorrhea, are the great bane of the armies of the world; and the army surgeons are as powerless to check or cure this troublesome malady as civil surgeons. Hence very little is or can be done to stamp it out of the armies with the treatment now in use.

The failures in fighting the gonococci heretofore have been due to the inaccessibility of the field of action. The gonococcus has had the physician at a disadvantage. He could do his dirty work *ad libitum*, and the best we could do was to throw hot antiseptic water at him in the shape of injections and irrigations, while he was concealed in the folds and follicles of the urethra.



I have overcome the obstacles met in the treatment of gonorrhea, by packing the urethra with an antiseptic oiled dressing. By this means we can treat the inflamed urethra as we do an open wound on the surface of the body. The dressing being round, cord-like and medicated, not only keeps the urethra dilated and apart but it holds the remedial agent in contact with the whole of the inflamed surface; thereby destroying the infection and promoting a rapid healing. This method of treatment is not only theoretically rational, but the theory is confirmed fully by the clinical course of the disease during treatment. The discharge ceases in a few days, the inflammation subsides readily, and the patient is soon well.

The instrument I have designed for packing the urethra is made on the order of a urethral sound, with the distal end slightly curved and tapered. The edge of the distal end is rounded and smooth. This facilitates introduction into the ure-

thra, and prevents injury to the urethral mucosa, which is an important consideration in the treatment of the inflamed urethra. While this instrument is specially designed to pack the urethra, it can be used equally as well to pack any cavity of the body, as the nose, uterus, gunshot and stab wounds. The dressing used in packing the urethra consists of a loosely-spun cotton cord in continuous lengths, which is freely saturated with the following solution:

**R** Ichthyol .....dr. 1½  
 Resorcin .....dr. 1  
 Balsam of Peru.....dr. 4  
 Castor oil q. s. ad.....oz. 6  
 M. Ft. solution.

When the cotton cord cannot be obtained, one-inch continuous gauze strips, saturated with the same solution, can be used instead.

The technique of treatment is as follows:

Always examine the patient carefully to locate the seat and nature of the trouble. Success depends largely on knowing what you have to deal with. Alcoholic-drinks and sexual intercourse are absolutely prohibited while under treatment. After the patient voids the urine, the urethra is irrigated or flushed out with a hot solution of potassic permanganate, about 1 to 3000. The packer is then dipped in a bottle of the solution used on the dressing, or glycerin may be used instead; the penis is then grasped with the fingers of one hand and the packer slowly and carefully inserted into the urethra with the other hand. Force is never used in introducing the packer. It is passed back about four inches in anterior gonorrhea and back to the neck of the bladder in posterior gonorrhea and prostatic troubles. The urethra is then lightly

After-pains: Gelseminine is probably the most powerful of all the antispasmodics acting specifically on the genitals.

After-pains: Give gelseminine gr. 1-250 every half-hour till relief or till the eyelids show signs of drooping.

packed with the dressing cord; the packer being gradually withdrawn as the dressing is pushed in, and when the packer emerges from the meatus the cord is clipped with scissors, leaving about one-fourth of an inch of cord outside of the meatus (which can be easily removed by catching the glans penis between the fingers and distending the urethra with urine, which floats out the dressing). A small piece of cotton is placed over the head of the penis and the treatment is complete.

The patient is then instructed to go as long as he can before urinating, when the cord is to be removed. The average patient will go from five to eight hours before urinating without much discomfort. The urethra can be packed at eight or nine o'clock p. m., and the patient retain the dressing all night. Ordinarily I pack the urethra once a day, till after the discharge ceases, then every other day for ten days or two weeks, when the patient is dismissed. In some severe cases it is necessary to pack night and morning till the discharge ceases. The presence of packing in the urethra causes no discomfort when properly put in, and is easily removed by distending the urethra with urine. There is no foul discharge to soil the patient's linen. There are no complications like orchitis attending treatment, and no harmful sequelæ like stricture follow.

The cases submitted below will illustrate the clinical course of the average case treated:

Case 8. J. C. B., unmarried, health fair. Had a gleet discharge with the morning drop for seven months. Had used the irrigation treatment. Examination showed a very tender place about an inch back from meatus; also a simi-

lar condition in the region of Cowper's glands. Treatment was begun by having the patient void the urine, then the urethra was irrigated with a hot solution of potassic permanganate, 1 to 3000, after which it was packed back into the prostate gland by loosely-spun cotton cord, saturated with the solution above given. The patient was then told to go as long as he could before urinating, then to remove the packing by distending the urethra with urine. He was irrigated and packed every day for one week, then every other day for ten days, when he was dismissed. The discharge ceased after the second packing.

Case 9. N. H., clerk, unmarried, health good. Acute gonorrhea, one week's standing. There was a thick, yellow discharge. He was irrigated and packed every day for a week, then every other day for ten days, when he was dismissed. The discharge ceased on the second day.

Case 10. G. S. N., clerk, married, chronic gonorrhea for ten weeks. Discharge was thin and white; had been treated by injection and irrigation. A very tender place was found about two inches back from the meatus. He was irrigated and packed every day for four days, then every other day for ten days, when he was dismissed. Discharge ceased on the third day.

Case 11. D. J., professional man, unmarried, health only fair. Chronic gonorrhea for four months, with muco-purulent discharge. This was the fourth attack of gonorrhea. A stricture had followed the second attack and had since given more or less trouble. Injection, irrigations and sounds had been used on him without any appreciable effect.



After-pains: Camphor monobromate a grain every hour, will give relief; will it also dry up the milk?

After-pains: Macroton is very satisfactory if given right. Dissolve in hot water and give gr. 1-6 to 1 every ten minutes.

Examination showed the urethra to be unusually tender from the meatus to the prostate gland, and especially so at the seat of stricture. On this account it was very difficult to pass anything into the urethra. This is perhaps the most severe case of gonorrhea I have yet seen. Treatment was begun by passing a sound, which was kept up twice a week during the

treatment. Twice in the beginning of treatment he had painful erections during the night. He was irrigated and packed twice a day for four days, then every day for four days, then every other day for ten days, then twice a week for one week, when he was dismissed. Discharge ceased on the fourth day.

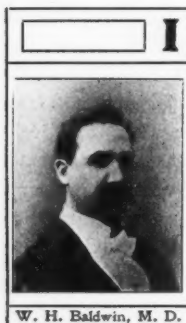
Chattanooga, Tenn.

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#### MODERN MEDICINE.

By W. H. Baldwin, M. D.

Address delivered by retiring president of the Northern Tri-State Med. Asso. (Ohio, Indiana and Michigan), at Coldwater, Mich., Sept. 16, 1902.



IN the discussion of this subject I wish to present it to you in three divisions. First, a brief outline of the history of medicine by epochs or ages only, leading up to the consideration of our modern period, and then with your permission a speculative look into the future. Had it not been for the fact that I must necessarily wish to be brief, it would perhaps have been best to have adopted as my title, *Medicine of the past, present and future*, but that title would imply a wider range than my time will admit of.

Since the beginning of man, when by his own forgetfulness there was implanted within him the seed of imperfection, he has intuitively turned toward nature and art for relief from abnormal conditions or disease. The lower animals, when sick or wounded, instinctively lessen or alter their diet, seek seclusion and rest and in certain cases seek out some particular herb or healing sub-

stance. Thus, too, does the savage in his primitive state, and experience and superstition have led *all* savage tribes into certain habits, and forms, in case of injury or disease.

For us the history of medicine must necessarily begin with the written history of events. Its earliest period is enveloped in profound obscurity, and so mingled with myth and fable as to be uncertain. It embraces an indefinite time during which medicine was not a science, but an undigested collection of experimental notions vaguely described, disfigured by tradition and often made inutile by superstition and ignorance.

Among the earliest record of probable authenticity, are the scriptures, from which may be gathered here and there a fair notion of Egyptian knowledge and practice. Thus, Joseph commanded his physicians and servants to embalm him. This was about 1,700 years before Christ, showing that at that time Egypt possessed a class of men who practised the healing art. That they embalmed the dead which must have required and furnished a crude knowledge of anatomy.

The history of medicine has been divided by Renouard into three ages, viz.,

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Man enjoys a natural immunity from pneumonia, except when reduced by exposure or disease, as influenza.—A. Robin.

The prevalence of pneumonia and its mortality have increased of late years in Minnesota.—H. M. Bracken



the age of Foundation, the age of Transition and the age of Renovation.

The age of foundation is subdivided into, first, the primitive period, or that of instinct, beginning with myth and ending with the destruction of Troy, 1,184 years before Christ. As the title signifies, the healing art was that which instinct would teach. As the dog buries himself in the mud to cure the serpent's sting, so instinctively the ancients sought certain means for cure of ailments.

The second division is classified as the sacred or mystic period. This was largely in the hands of the priests and was composed entirely of, or when drugs were used accompanied by, incantations and prayers. This period ended by the dispersion of the Pythagorean society 500 years before Christ. The third or philosophic period terminated with the foundation of the Alexandrian library, 321 years before Christ, which includes the work of the great Hippocrates whose works placed medicine upon a scientific basis and upon whose history all medical men love to dwell. Also Plato, the profound moralist and eloquent writer. Also Aristotle, equally as great.

The fourth or Anatomic age extends from the Alexandrian library, 320 B. C., up to the death of Galen, A. D. 200. Alexander the Great and his successors had collected the intellectual and natural riches of the universe as they knew them, and placed them at the disposal of studious men, to benefit humanity, and their complete value has not yet been exhausted and never can be. This was the beginning of greater scientific investigation.

Although the prejudice of the Egyptians was strong against those who

touched a dead body, yet anatomical study by dissection was practised. This period contained Herophilus, who is supposed to be the first to undertake a systematic description of the human body. Also Erasistratus, Celius and Galen, the last named of whom wrote 15 books on anatomy, describing the bones and muscles, also more imperfectly the blood vessels and nerves. Yet medical therapeutics was but empiricism. During the historic period just reviewed, anatomy and physiology made most progress next internal and external nosography and surgical therapeutics.

The second age or age of Transition includes centuries commencing with the death of Galen, A. D. 201, and ending with the revival of letters in Europe about the year 1400. During this period medical science retrograded rather than progressed. The advent of Christianity with its superstitions, tended to throw again all into the hands of the priests. Anatomy could only be studied from books, as prejudice against dissection caused it to be forbidden and the good works of the Alexandrian period and that of Hippocrates and Galen were forgotten. So we pass from this age with nothing of moment to its credit in the way of advancement, coming to the age of Renovation which extends from the 15th century to the present time.

During this age there came about a tremendous change in methods and habits of thought in acquiring knowledge in every department of learning, and every line of study. It was as if the minds of men had long been dormant and had lost their power of receptivity, and after a long period of torpor, awakened in a new atmosphere. Once free from the shackles imposed by authority

I do not say venesection cuts short the course of pneumonia, it apparently delays consolidation.—C. G. Stockton.

In pneumonia with pain in side, difficult breathing, rapid pulse and high fever, bleeding greatly benefits.—T. B. Greenlev.

of the past, these minds severed their Gothic bonds and started forth in every direction with the ardor of youth and the interest of novelty, all engaging in the general enterprise of creating from the debris of antique science a new temple to the mind in which to worship. This great change was not brought about by chance, but the invention of the compass, the telescope, and the microscope, but above all the art of printing during the years 1435 to 1440 shed light on the hitherto unseen.

In this way intelligence and reason became triumphant. Thenceforth the dominion of brute force was broken, and knowledge became capable of dissemination. The science was wrenched from the hands of the priests; dissolved of not infrequent barbarous myths and mysticisms. Dissection of the dead body was again permitted and medicine as a science has ever since moved steadily forward.

This age, according to Renouard's classification is divided into the Erudite period, composing the 15th and 16th centuries, the reform period, from the 17th to and including the 19th, and for the purpose of bringing you to the subject proper, I will add a third, viz., the antiseptic period, accredited to Lord Lister, however with due credit to the researches of Tyndall, Pasteur and Koch, by whom the germ theory was advanced, furnishing the idea of antiseptis by Lister. For the benefit of those of the laity present I would be pleased to recount some of the earlier barbarous practices and nauseous compounds of our ancient practitioners, not particularly the superstitious barbarity of the priesthood, but a contrast between the earlier revolting compounds of the old school in comparison to the elegant pharmacopeia of

modern times, but as I promised to only outline by periods we will now notice modern medicine.

The advent of the germ theory and that of antiseptis and later asepsis opened up possibilities in the field of medicine and surgery greater than that of any other discovery. Unlike the discovery of anesthesia its value extends not only to the benefit of surgery but to the realms of internal medicine as well. Run over in your mind briefly our most common diseases and the latest improved treatment thereof, and almost all come within the realm of asepsis and antiseptis. A maxim adopted by one of our leading therapeutic journals is "clear out, clean up, keep clean," and is expressed in one word, asepsis.

When confronted by that formidable and much dreaded disease, typhoid, we "clear" and "clean" the intestinal tract by the continued use of evacuants. We "keep clean" by awakening the glandular inactivity by the use of calomel, and then sterilize by the use of the sulphocarbolates, or the Woodbridge treatment, or some other antiseptic under which the list of mortality has fallen to a small per cent. Consumption is cured by a regulated hygiene, guaiacol, creosote and fresh air. Rheumatism by the salicylates and salol, all antiseptics. Diphtheria cured by antitoxin, the curative power of which is said to be due to the carbolic acid used as a preservative. The latest therapeutical reports state that pneumonia is best treated by intestinal and respiratory antiseptics, and so on, our whole therapeutic armamentarium seems to be coming to the antiseptic standard and the efficiency of the treatment is attested by a lowered mortality in every disease. Hygiene, another department of the keep-



Bleeding in pneumonia is useful early for pain and dyspnea; later for engorged right heart, intense dyspnea and venous stasis.

Pneumonia: Venesection diminishes the blood in front of the heart and gets rid of much of the toxin.—H. Beates.

clean theory, is a creature of our modern times. The instructions of the youth in our public schools on the subjects of physiology and hygiene are the initial steps in that educational period which is to be the greatest step in advance yet ever known, of which I shall speak more later on. Under the principles of cleanliness the filth diseases have become notably less, while those great scourges of human lives, cholera and yellow fever, have become practically extinct. Let us then, gentlemen, hail with all honor the antiseptic period as broadening the usefulness of the therapeutic field, and bringing the art of surgery from the valleys of distrust and death and placing it upon the high plains of hope and life.

There is a grand and glorious future dawning upon our noble profession. It cannot come at once, but like all other great reforms must come gradually, that the people may become educated to it. One of the features of modern times leading up to it and which I am glad to notice is the general inclination to broaden the so-called schools of medicine, to revise the ethics, to unite together men of mind and worth no matter of what school. If there is anything in homoeopathy, or eclecticism, let us have it. Men of worth will separate the chaff from the wheat. Separate out those proven principles of all the schools, banish the theories and unite all under the title, doctor of medicine. This seems to be the present tendency by way of higher education requirements for admission and a longer and more thorough course of study in our medical schools, and in which I am glad to see of late there is talk of less books, less chemistry, less histology, less pathology and less of those things which are learned at

school, soon forgotten because seldom used in actual work, but more hospital and actual study practice at the bedside.

Another gratifying feature of our modern times comes to us by way of our improved and more precise way of dispensing our drugs. Accuracy in dosage is doing more to bring medical practice to an exact science than any other. Under the old regime a plant containing 15 per cent of the active principle of the drug was put through the same process as one containing 5 per cent. No wonder results were disappointing and medical infidels were numerous. A plant growing in the shade contains 5 per cent of atropine; one 15 feet away in the sun contains 10 per cent. One was made into a tincture and went into a physician's medicine case. The other was made separately into another tincture and went into another physician's case. How could any degree of precision be obtained? Our modern therapy cares not whether there is 5 per cent or 50 per cent, we take what there is, make it into a little granule containing 1-500 of a grain, and when we administer it we get the effect of atropine whether it is indicated in the patient or not, and we *know* how much we are giving. These arms of precision have no place in the hands of the quack or charlatan, because dangerous.

I attended a lady not long ago from a distant city whose home physician was a homeopath. I dealt out some tablets nicely coated with chocolate. She said, "Doctor, I supposed the old school always gave large doses of nasty medicine," but I was happy to inform her that the day of nauseous dosage was past. Active-principle medication and the dispensing of our own drugs is a



In the treatment of malarial diseases, quinine is made more potent if combined with strychnine arsenate.—Neptune.

There is no remedy that can cure acute diseases of the respiratory tract so quickly and thoroughly as aconitine.—Neptune.

hopeful and progressive feature of modern medication.

Medicine as a profession occupies a higher plain than ever before in its history. As it drifts from the open seas of empiricism and enters the harbor of exactness it occupies the attention of a greater and better class of men, and I believe the time is not far distant when we can claim for it a position of exactness. We are acquiring that exactness, that seldom after due deliberation do we make a mistake in diagnosis. Our modern methods of culture, our improved instruments, our acuteness of physical signs and symptoms, all tend toward an exact science. But, while we are in the midst of this great period of advancement, there are certain evils that still confront us, and which seriously demand our consideration. I will not take the time to discuss them at length, but will enumerate some of them. The free hospital and dispensary. While I would not deprive the poor of medical attention, I would regulate the matter so that none but the really poor should be treated free. Why should the hospital or dispensary donate its service to even the worthy poor, and the physician donate his service free? I would regulate this by placing a tax under proper official direction, then all may share in the burden of our dependent sick. Another evil is counter-prescribing by the druggists. The greatest enemy the physician has is the druggist. He is continually tampering with your patient with less competence than even the quack. Never allow a prescription to enter his hands or a patient to enter his door unless you wish to run the risk of his coming out with a bottle of Hood's Sarsaparilla or Kilmer's Swamp Root.

Another evil which, while not a creature of modern times, but which seems to be on the increase, constantly menacing the honor of the physician, is one I speak of with delicacy, but cannot ignore, is that of infanticide of the embryo. None but the physician knows the influence that is brought to bear upon him, money, friendship and honor. The appeal for relief from maternity comes to him from all walks of life, from the pulpit and from the pew. Large families among Americans are becoming scarce, and the health and beauty of noble womanhood is being supplanted by the wasted form and sunken cheek of chronic invalidism. Is there a remedy? The most stringent laws do not mitigate the evil, for always can be found the unscrupulous. An idea I saw recently as coming from France, which country has for years been a sufferer from this evil, meets my approbation heartily, and which prompted me to mention this great evil is, place a reward for those who raise large families. Make it an honor recognized by the government instead of a dishonor. The laboring man and woman with an income barely sufficient to maintain themselves can scarcely be blamed for not wanting to bring children into the world which they cannot clothe or educate. A mother's love wishes her son to be as good as any other woman's son, or not at all, and, inasmuch as the brawn, the brain, and the sinew of our nation comes from the farm and the workshop, let the government take the matter in hand and pay the family who exceeds in raising over a certain number of children, helping to clothe and educate them, and the example will largely mitigate this great evil which is threatening to depopulate us as in France.



There is no disease accompanied by fever in which aconitine may not be given with advantage.—Neptune.

In opium poisoning the best antidote is fluid extract of gelsemium in twenty drop doses hypodermically every half-hour till effect.

While the science and art of medicine and surgery is to-day occupying a higher place in the world's affairs than ever before, the limit is by no means yet reached. The coming century upon which we have just begun promises to bring about the greatest revolution in all departments. Navigation of the air, direct communication with other worlds, and the discovery of life are *not* among the impossibilities. Will our profession stand still? No, then it comes within our province to speculate a little, prompted by the signs of the times, as to what there may be in store for us during the next half or possibly a quarter of a century.

In an article of Feb. 12, 1902, Sir Lander Brunton reported favorably on the curability of mitral stenosis by surgical means. At no distant day will surgery of the heart be an accomplished fact. Leaky valves will be mended, fibrinous deposits removed, and that once forbidden field will be occupied by the domain of surgery.

The investigations of Shurley and Murphy on the localized treatment of consumption give us ground for hope that by reason of the easy destructibility of the germ that in the near future an antiseptic will be placed directly upon the diseased tissue with perfect effect. That, together with our present knowledge of the effect of perfect hygiene and pure air will cause the "great white plague" to be known only in history, 50 years hence. The antitoxin, tetanic, and erysipelas germ injections in their respective diseases, admonish us that there lies hidden in nature a remedy for cancer. And American persistence will never cease until it is found.

The *period* of the future will be



Agaricin has frequently cured night-sweats where atropine has proved useless.—Neptune.

known as the educational period. The teaching of physiology, hygiene and the effect of narcotics in our public schools, as before alluded to, is the forerunner of the great educational period.

The young of our land *must* be educated, and the injunction, "man know thyself," will be realized. The principle in the medical education of the future will be prohibitive and preventive more than curative. There must be inaugurated a system of instruction for young men and young women, teaching them how to take care of themselves, their bodies. All false modesty must be thrown aside and the truth be made known.

In this connection I wish to mention the greatest of evils, that destroy more than all other diseases put together, the "social evil." Would you believe that 50 per cent of the inhabitants of the beautiful city of Coldwater, by reason of heredity or otherwise, suffer in some form or other as a result of this evil? Every medical practitioner of experience present will not contradict my rating as too high. Young men must be taught and demonstrated to, that certain specific diseases are less to be desired than hard colds. They must be shown that these diseases once acquired are seldom completely recovered from. Young women must be taught none the less, but must be made known that to be tied to a young man once a victim of any form of specific disease no matter how thorough his reformation is, is in constant danger, and that our genealogists, the most profitable field of medicine, are constantly kept busy with this class of injured innocence. Would I license prostitution to regulate it? No, *educate*, and there will be little to regulate.

The people being educated, quackery

Apomorphine in one-twelfth grain doses hypodermically will control the convulsions of strychnine poisoning.—Neptune.



and charlatanry will cease to exist. It has been said that no class of people are so hard to treat when sick, as doctors. I do not find this so in my experience, but do find it so in the case of quacks. I once had under my care an old-time physician who in his day stood among the foremost in his profession. I never had a more faithful patient. He said to me, "If I could only be set back 25 years that I could have the advantage of the present system with its precision, I would like to practise medicine." It is ignorance that makes millionaire patent medicine manufacturers, all of which will cease to exist under the coming medical millennium, for an educated people will see their worthlessness and take their faith cure in the regular way. The avocation of the physician will not be gone, it will be just begun for an enlightened people will see it to their advantage to employ a doctor by reason of pure, simple business reasons.

Now I would not close this address

without paying a tribute to our noble profession. Is there one among us who does not love it, if so let him depart from it. The greatest of all in charity, the noblest in self-sacrifice, the most honorable. I would rather be Nicholas Senn or Roswell Park surgeon than to be Theodore Roosevelt president. I would rather be Wm. Osler or Hobart Amory Hare physician, than to be David B. Hill statesman. I would rather be Baldwin doctor than to receive the highest emoluments with this title torn from me, and now, in conclusion, I wish to thank the members for the greatest honor that has ever been conferred upon me, that of being president of the Northern Tri-State Medical Association. I thank them for the courtesies extended to me as such. I pledge to the association my renewed fidelity in the future, and extend to all the members my best wishes for many years of prosperity and happiness.

Coldwater, Mich.

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### HOME TREATMENT OF TUBERCULOSIS.

By J. Holcomb Burch, M. D.



**A**FTER having, by the employment of all modern methods, made an early diagnosis of tuberculosis, what are we to do with these unfortunate patients? Are we to simply inform them that they have phthisis and that the only prospect of a cure is a change of climate? There is no question but that a properly selected climate is a valuable adjunct in the

treatment of this dreaded disease; but a large percentage of our patients are, from financial or other special reasons, denied the privilege of this important aid. What, then, are we to do with these cases? Are we to offer them no hope by stating that medicinal treatment is of no avail; or, are we to make their stomachs the repositories of each new therapeutic fad, together with vigorously greasing them out of the world with cod-liver oil?

It has always seemed to me that there is a rational method of home treatment of these unfortunate cases.

The first requisite of the proper man-

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Apomorphine when administered in small doses frequently repeated, increases the secretions of the entire respiratory tract.

In the treatment of croup apomorphine should be the first remedy given. — Neptune.

agement of any diseased condition is an early diagnosis. This is especially true in regard to tuberculosis. I am of the opinion that physicians are responsible for much of the misery caused by this dreaded scourge. A patient consults us, complaining of a "cold" that has continued for some time, accompanied by a hacking cough, impaired appetite and general malaise. Question him in regard to expectoration and he will tell you that there is none. Take his temperature, it may be normal. Examine his chest, without removing his clothing, and no appreciable lesion is discovered. We are by far too prone to tell these patients that they have a "cold," that they are "run down," and that a tonic and a mild expectorant will soon restore them to health. They may apparently recover; but a month or two later they again come back with the same "cold," the same hacking cough, the same facial pallor and the same general malaise. Another tonic is prescribed and the condition is allowed to drift from bad to worse until the diagnosis becomes but too apparent.

In the present stage of medical progress it is the duty of every physician to be able to make a thorough physical exploration of the chest. It is his duty to possess a microscope, and acquaint himself with the technique of its use sufficiently to examine for tubercle bacilli. If still in doubt, if not possessing an X-ray apparatus, he should send these patients to one who has, that they may have the benefit of this important aid to diagnosis. If we were all to thus carefully examine our patients, I feel assured that many unfortunate victims of this dreaded disease might be saved.

Having made an early diagnosis, what are we to do with these patients? If

they can afford it, we certainly should not deny them the advantages of climatic treatment. If they have not the means to avail themselves of this important aid, we must do the best we may for them at home.

First we must modify their habits and mode of life. Three elements are of first importance in the treatment of these cases: Pure air, nutritious food, and rest.

The patient should at once be taught the value of pure air and plenty of it. Most of his time should be spent in the open air and sunlight. We may here speak of pulmonary gymnastics. I consider, notwithstanding Dr. Bridge's assertions to the contrary, that we have no more important aid in the treatment of phthisis than properly directed pulmonary gymnastics. I advise my patients to slowly inflate the chest to its fullest capacity, after which they are to exhale through a tube of small caliber. I have them practise this exercise several times every three hours, taking especial care in the beginning that the patient gradually accustoms himself to the exercise, as oftentimes it causes giddiness and faintness. I have tried various antiseptics in tubes especially constructed for the purpose, but am not certain that they possess any specific value. I always advise those under my care to breathe deeply and I pay especial heed to nasal respiration. In cases where I find nasal obstruction I always remove what growths and obstructions there may be to prevent normal respiration. I have many times succeeded in developing a flattened tubercular chest by applying an elastic bandage over the lower portion of the thorax. This necessitates increased effort of the upper part of the



The more debilitated the patient, whether young or old, the more urgent is the demand for strychnine.—Neptune.

Beneficial results cannot follow medical treatment when surgical means are necessary to remove the cause.—Neptune.

chest during the respiratory act and thereby develops this portion of the chest. I have also advised, with profit, in these cases a chest exercise consisting of two ordinary wash bottles, partially filled with water and connected by a bent glass tube. The patient draws the water from one to the other tube during the act of expiration and replaces it during the inspiratory effort.

Sleeping apartments are very important. They should be large; airy, and the rays of the beneficent sun should never be denied free entrance. Proper clothing is also an important factor. Light flannel undergarments should be worn and all chest protectors and neck wrappings should be avoided. But while the chest should not be burdened with superfluous clothing, the feet should be kept dry and warm.

Next, food is of vital importance. Whether we accept Metschnikoff's theory of phagocytosis in its entirety or not, we are bound to admit that the leucocyte plays an important role in combating infection, and it is pretty well established that their component nucleins are the vital elements in accomplishing this result. Therefore, I advise foodstuffs rich in nucleins: Well-prepared animal foods should predominate. In acute cases I depend largely upon milk and eggs. No food contains nuclein in more accessible form than the yolk of eggs. I teach my patients to take from six to twenty raw eggs daily and two quarts of milk. This seems at first impossible, but it is astonishing how quickly tolerance is established.

I regard rest as a very important element in the treatment of phthisis. All patients with temperatures should be restricted from active exercise. When the

weather is favorable these patients may lie in a hammock or cot upon an airy veranda, and when this is not possible on account of damp and inclement weather, a well-ventilated and airy room should be selected.

In regard to the medicinal treatment of tuberculosis, I believe that there is not and, perhaps, never will be a true specific. The only hope that we may have in drugs is to meet such indications as may arise and strive by properly selected tonics and restoratives to hold the patient's general condition above the level of the infective process that is consuming him. Intestinal antiseptics are of great advantage in these cases, as the intestinal *prima via* should be kept in as sanitary condition as possible. We all have our favorite intestinal antiseptic. Mine is calomel. Nuclein and hypophosphites are the drugs upon which I place the main reliance in the treatment of phthisis. The great object of treatment is to increase the nutrition of the cell to an extent that it may resist infection.

Now in regard to local treatment. I firmly believe that herewith we have the most successful treatment of not only pulmonary tuberculosis, but all forms of chronic chest affections. Were I to be deprived of my compressed air outfit, nebulizer and electric ozone generator, I should certainly feel my incapacity in treating these affections.

I have been using for several years the spray and nebulizer in the treatment of inflammatory conditions of the respiratory tract. In laryngeal and tracheal affections I prefer the coarse spray, while in pulmonary diseases proper, the nebulizer is preferable. An acute rhinotracheitis may be quickly cured by a 10 per cent solution of camphor-menthol, the



In the treatment of internal hemorrhage do not forget to give a full dose of atropine.—Neptune.

For pruritus accompanying cutaneous diseases give veratrine one granule every two hours.—Neptune.

base of which is Glymol. The efficacy of this solution may be still greater enhanced by the addition of a 1-10000 solution of suprarenal liquid with chloretone. This preparation is indeed a marvel in the treatment of all acute and even chronic respiratory diseases. Try it in a bad case of pharyngitis, laryngitis or bronchitis. You will be surprised at the result. In the incipency of tuberculosis I use the above solution, and for some time past have been adding a 10 per cent nuclein solution to it.

In the more advanced stages I use a solution composed of:

Suprarenal liquid sol. 1-10000 dr. 1  
Tr. iodine.....dr. 2  
Creosote .....dr. 2  
Balsomal q. s. ad.....oz. 4

In using the nebulizer I find that a

pressure of about thirty pounds is necessary, and with some of the heavier oily preparations forty pounds is none too much. Also, an equable pressure is necessary, and this can only be obtained with ease by a hydraulic pump. The following formula I have found of value when the cough is severe and annoying and the expectoration profuse:

Ol. cloves.....m. 40  
Ol. cassia.....m. 30  
Creosote (beechwood)...dr. 1  
Ol. tar (redistilled)....dr. 1  
Respirol (Globe) q. s....oz. 4

I also regard ozone as generated by the static machine of inestimable value in the treatment of phthisis, and I am really surprised that more extensive use is not made of it.

Baldwinsville, N. Y.

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### TYPHOID FEVER.

By O. H. Westlake, M. D.



T is said that "the ideal in anything is unattainable." This is but a dogma, with which I do not agree; but even if this were true, my idea is, that it should be the very highest ambition of every true physician to ever strive with his very best energies toward the ideal in his profession.

In the matter of the naming of diseases we are very far from the ideal, and very often plunge into the ridiculous. The ideal would seem to be to give an appropriate name to the disease. What about the name typhoid fever? Why, "typhoid" means "like typhus," and "typhus" means "stupor, low," and the word "fever" is the name for a symptom. Isn't this fine? And "erysipelas" as the name for a disease is splendid (I draw near)!

But our great ones have saddled the profession with these names, and I suppose that we will have to ride, at least until a wiser generation shall rise up and give us the blessedness of correctness. Lord, hasten the day, for we need it.

The ideal physician, to my mind, is one who recognizes and understands the indications and environment of his patients, and who meets the indications intelligently.

I am conscious that the above sentence covers a wide field. It is the condition that the physician has to treat. It is the indication that will guide him aright, and an intelligent knowledge of his patient's environment will enable him to determine the best methods of applying the treatment.

Environment is one of the great laws

Albuminuria: Prompt elimination in uremia is obtained from a full dose of pilocarpine, given hypodermically.

Albuminuria: Picrotoxin is said to relieve the kidneys and eliminate in threatened uremia as pilocarpine does.

of one's being, and so it is one of the prime laws of our diseases. Diagnosis (I know) is a large word. An intelligent diagnosis cannot be reached without recognizing and understanding the diathesis, temperament, idiosyncrasy if any, and environment of the patient, as well as his diseased condition.

Many physicians seem to think that when they have located and named the disease they have "made a diagnosis." Such an idea is a travesty on the word and its requirements.

Would you expect to get the best results by treating a patient of a sanguine temperament, another of a nervous temperament, and a third of a phlegmatic temperament, alike? Or would you be showing rational skill by treating an asthenic the same as a sthenic patient? In doing so, your best friend would be the undertaker. I know full well that I cannot teach my brethren how to treat their patients, for every patient is "a law unto himself," no two exactly alike. I can only state the principles and illustrate them by an example:

Lady, white, 18, single, good constitution, nervo-bilious temperament, scrofulous diathesis, environment fairly hygienic, circumstances favorable for proper dieting and good nursing.

History: Took sick August 1, with general malaise, slight headache, some anorexia, coated tongue, bad breath, constipation, chilly sensations, restlessness and wakefulness, thirst, feverishness and vertigo. Received domestic treatment of calomel and quinine for three or four days.

I was called August 5 in the evening, and found the following symptoms and conditions: Face flushed, eyes bright but tinged yellow, restless, headache,

nausea, tongue moist on edges and tip, but dry in middle of back, with a heavy brown coating; foul breath, hot dry skin, pulse 110, full but easily compressible, temp. 102.5, constipated in spite of the calomel, urinary secretion much lessened and dark, tenderness over region of liver and right abdomen, some thirst, pains in back and muscles with soreness, tongue tremulous on protrusion, as were also the hands on extension.

I could find no disease of lungs, heart, brain, liver, kidneys, spleen or any other organ. I say disease, not fundamental derangements, for these were in plenty. Everything indicated a toxic condition of the patient, but what was this toxin? Inquiry developed the fact that she had been on a visit to an aunt three weeks previously, who was at that time convalescing from a severe attack of typhoid fever; so putting this and the symptom picture together, with the previous history, my diagnosis was typhoid fever. I had no means of determining the presence or absence of the bacillus typhosis, but it was the condition I ought to know, regardless of name.

I had a nervo-bilious temperament to deal with, which told me that I would have trouble with the eliminating organs, particularly the liver, and the nervous system, if I did not take particular care of them from the beginning. Hence I gave eliminants and nerve tonics throughout disease. To relieve the engorged liver, overloaded bowels and deranged stomach, I gave calomel gr. 1-5, emetin gr. 1-67, and salol gr. 1, every hour until ten doses were taken, or until three or four free stools were obtained; then discontinued until indications called for their repetition, which was about every second to fourth day. My guide for



**Adynamia:** When there is undue tendency to sweating or thirst, give an acid, such as phosphoric, in dose enough.

**Albuminuria:** Just why no one tries the salts of platinum in the various forms of nephritis is hard to tell.



their giving was not the condition of the bowels but the coated tongue, foul breath, tender liver, deranged stomach. Thorough elimination kept up gave me half the victory. Every symptom was favorably modified, preparing and keeping the way for better action and smaller doses of other remedies.

Believing that fever is a result of nature's reaction, I do not oppose it directly unless it should reach 102 or more, for beyond this degree the reacting fever is an injury to the system, and the fever pendulum has swung too far for the well-being of the patient; then cool sponging twice a day or oftener, as often as the fever reaches 102 or more, followed by fractional bathing at least once a day, with thorough massage, and large and frequent draughts of cold water with lemon juice. This flushes the kidneys and opens up the pores of the skin, and so both toxins and heat are thrown out. The nervous system and the heart were kept toned up by strychnine nitrate gr. 1-40 every four hours, and occasionally atropine gr. 1-150 to keep the blood-vessels dilated, or easily dilatable, so that the whole system could be equally nourished and the heart relieved of extra labor.

As an antitoxic I gave fifteen minims Creosotal every three hours throughout the disease, and the first week of convalescence, in a wine-glass of fresh buttermilk or boiled sweet milk. Creosotal, salol and calomel were my only antiseptics for the specific condition. I kept the mouth as aseptic as possible by frequently mopping the mouth and throat, and spraying the nose from three to six times daily, thus obviating the danger of tonsillar trouble and deafness, which I believed to be caused by the bacillus

typhosis gaining access to the middle ear, and into the crypts of the tonsils from the foul mouth, throat and nose.

As nourishment I directed a cup of fresh buttermilk, either plain or albuminized, or a cup of baked sweet milk, sometimes with lime water, every three to four hours as needed. These are all very nutritious, easily digested, and act nicely on the kidneys.

When there was wakefulness I directed a teaspoonful of this mixture every one to three hours, as needed to procure rest. Codeine sulphate gr. 4, bismuth subnitrate drams 2, glycerin and water of each enough to make six ounces. Mix. To be sure, I kept everything clean, with plenty of fresh air and sunlight, also disinfected all actions with a strong solution of phenol and formaldehyde. My patient was free from fever August 20, and entered on an uninterrupted convalescence.

With the arsenates of iron, quinine and strychnine, and quassin, she was soon restored to health. I forgot to say that she had a sharp hemorrhage from her bowels on the seventeenth day of her disease, which I promptly checked by stypticin gr. 1, and atropine gr. 1-100, repeated four times, one hour apart. This prescription invariably stops hemorrhage promptly for me.

This case is a fair sample of all of my typhoid fever cases. Under this line of treatment the graver conditions do not appear; the disease is shortened by from ten to thirty days; the vitality is but slightly lowered and there is almost no emaciation. The whole matter may be summed up in these words: To fully recognize and understand the conditions and meet the indications correctly and promptly. The writer presupposes that

Albuminuria: If gold be really useful in nephritis, is it not probable that mercury will prove equally efficient?

Albuminuria: Getting away from commercialism and sentiment, is there anything in gold that is not obtainable from mercury?

the reader is familiar with the histologic pathology, and the hygiene and nursing of a case of typhoid fever, and gives this case as an average case.

The points urged are, that the physician shall know the conditions, that he shall correctly interpret the indications, and that he shall meet them rationally with up-to-date remedies; that thorough elimination from every organ involved is the first step in the treatment, antiseptics and antitoxics the second, and to nourish the patient and sustain his vitality is the third.

I call particular attention to the diet and antiseptics. Never give a typhoid patient raw sweet milk, nor meat, nor any of its products, nor solid or semi-solid food, until at least ten days after convalescence.

Raw sweet milk and meat extracts of all kinds are "culture media" for all kinds of microbes in the intestines, and intensify the very condition that nature is striving to overcome.

Finally I urge that faithful administration of Creosotal in full doses, aided if needed, which is seldom, by salol, thymol in 2 1-2 gr. doses, in capsule every three or four hours. You will seldom ever need any other antipyretic than thorough cleaning up and keeping clean, and the above antiseptic, and cool, or cold sponging as herein advised. If any other should be needed, phenacetin is my preference, in three or four-grain doses, two or three doses, an hour apart during the evening fever, but watch out for cardiac depression.

Midlothian, Texas.

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#### CLIMATIC TREATMENT.

By A. T. Cuzner, M. D.

*Mr. Chairman and Gentlemen of the Medical Profession:—*



N appearing before you this evening, it was my intention, at first, to only deliver a short address on the subject of "Microbes and Disease."

This subject I had prepared some two months past. I have since that time had my attention called to a leading article in THE ALKALOIDAL CLINIC by Prof. Wm. F. Waugh, M. D., which I think not only does not do justice, but in addition, renders an injustice to our fair State.

Now as I was a contributor to this justly-celebrated journal before Dr. Waugh was identified as its editor, and as my articles have always found a welcome in it, I thought I would prepare a paper for publication in the CLINIC,

correcting the statement of Dr. Waugh and calling the attention of the 25,000 physicians and readers of that journal to the superior advantages of Florida as a resort for the health-seeker and semi-invalid.

Therefore, brethren, I have prepared a paper, which if you so desire I will submit for your approval and correction before sending it on for publication.

I have entitled the paper, "Climatic Treatment." During the month of September, 1896, we published the following in THE ALKALOIDAL CLINIC:

"In my late readings I came across the following, from the *Cincinnati Lancet Clinic*: It seems that the enthusiasm manifested last year for Behring's Antitoxin serum, has commenced to diminish. Like the rest of the serious maladies to-day treated by serum therapy, it

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

Albuminuria: Cases attended with pallor of the tongue, and those in which there is sepsis, do well on benzoates.

Albuminuria: Whenever febrile symptoms supervene the indication is for aconitine enough to subdue them.

is necessary to recognize the fact that such medication no longer keeps the promises made in its name."

Six years later we find Dr. Waugh writing in the same journal, October, 1902, as follows. In speaking of the recent Tuberculosis Congress, page 935, said: "A few speakers had the courage to declare that there was too much talk of the bacillus, too little of its real significance as a mere contributing element of disease causation, and that the "bug" was too much of a "bugaboo," in accounting for the sole cause of infection. In other words, while the microbe may be virtually omnipresent, only a certain number of susceptible persons furnish the soil for the seed. With such alone can the disease be considered as veritably infectious."

Again: "The bacteriologists have done excellent work in many directions, but there should be some limit to many of their unreasonable and dictatorial conclusions. By all means let us strive to exterminate the bacillus as best we can, but in so doing let us keep duly in mind the care of the consumptive himself."

During the month of June, 1898, we read a paper before the "American Medical Association," the same being printed in its journal of the issue of Dec. 17, the same year, in which was the following:

"There has been considerable difference of opinion and much discussion as to the most desirable climate for pre-consumptives.

"The writer prefers Florida as a place of residence for such, for the following reasons: First, in Florida there are more days in the year in which it is possible for a patient to be out in the open air and enjoy the sunshine, than can be found in any other State; second, the cli-

mate and temperature are more equitable than in any other State. This is my personal experience of twelve years, and is in accord with the reports of the U. S. Weather Bureau. I think it may be safely affirmed that the average individual but seldom uses over seventy-five per cent of the air-vesicles, twenty-five per cent being in a collapsed condition. These unused vesicles are prone to take on disease. I hardly need remind anyone that failure to use, means partial paralysis. Again, the object of respiration being to obtain a supply of oxygen to be used in the vital functions, any diminution of the supply means low vitality."

In the *Therapeutic Advance*, October, 1901, may be found the following remarks from my pen:

"We hold that to be the best climate which has the greatest number of sunny days in the year, and in addition admits of the most free and full aeration of the lung tissues."

Further, Dr. Phillips of Edinburgh, said: "That hyperæration was a *sine qua non*. The freest access of air should be allowed day and night." Again: "The writer lives on the St. Johns River, opposite a fishing hamlet (New Berlin), and he has frequently noticed that many persons coming down to our mild climate to winter, being afflicted with cough and expectoration, would accompany the fishermen on their trips, and much to the surprise of themselves and friends would so greatly improve in health, and this in spite of bad weather, that they would abandon their former life to become fishermen."

In THE ALKALOIDAL CLINIC for November of last year, Dr. Waugh, speaking of Florida in an article on winter homes for invalids, has the following:



Albuminuria: If the excretion of albumin is weakening, it may be restrained by arbutin, given in dose enough.

Albuminuria: The excretion, or leakage rather, of albumin may be restrained by the use of lead acetate, but lead causes nephritis.

"The east coast of Florida is for the millionaire rather than for the invalid, and is liable to terrific storms in the winter. The west coast of Florida below Tampa has not yet been exploited, and would seem to have many advantages. The Gulf Coast is sheltered from the Atlantic storms, the temperature is somewhat higher, the duck shooting of the finest, fishing and flowers all the year 'round, while sailing and other outdoor sports make life pleasant for either sex, if not too ill to enjoy such things. Tampa can be reached by rail, and from there south to Key West we suppose sailboats or steamers could carry one to any desired point. But the accessibility is uncertain, and in case of need the friends would have difficulty in getting there, and we have heard that much of this section is rather lawless and not safe for small parties."

The doctor then goes on to expatiate on what he considers the superior advantages of Atlantic City, as he views the subject. In doing this he occupies a space of three and one-half double-column pages of the CLINIC, containing about 1,700 words.

Now I do not wish to say anything objectionable about his statements in regard to Atlantic City, except to state my opinion on his remarks as to the east coast of Florida in respect to its being "a place for millionaires instead of for invalids."

If this statement does really apply, then it applies with tenfold force to Atlantic City.

The Doctor tells us also (from hearsay testimony) that the west coast is somewhat lawless.

Now I have been a resident practising physician of Florida for over sixteen

years, coming from New York, where I practised medicine for twenty years. I am personally acquainted with Atlantic City, having visited it a number of years before coming South.

I think the doctor should be just to Florida before becoming so generous to Atlantic City.

Florida's east coast is no more subject to *terrific storms* than Atlantic City, my proof being the Weather Reports and the facts of history. Since the meeting of the Medical Association there, a terrific storm largely destroyed her famous five-mile board-walk.

Florida's record as a law-abiding state will bear comparison with New Jersey. Again: As to the east coast being a home for millionaires, etc., I know from personal observation and experience, that from Jacksonville to the mouth of the St. John's River at Mayport, a distance by water of twenty-five miles, there are many hundreds of very desirable homes and sites suitable for persons of small means. From St. Augustine to Halifax, and on to the justly celebrated Indian River (which is but an estuary of the Atlantic Ocean and protected from it by a long narrow strip of land) there are many more hundred homes and sites for people of moderate means. In all that we have said, we have "no ax to grind"; we have never before praised up Florida in print excepting what is written above. Nor do we wish to speak disparagingly of Atlantic City (which we admire very much). We have never asked the CLINIC family to send their patients to Florida. We do not run a sanitarium or toot for one, or have any interest in one, we simply desire justice.

Gilmore, Fla.



Albuminuria: Chimaphila and other plants of repute in this, depend on arbutin for their virtues, which are real.

Albuminuria: The loss of albumin may be checked by tannic or gallic acid, or made up by a few raw eggs a day.

The article on Atlantic City has brought on our devoted head a storm of wrath, of which Dr. Cuzner's paper is but a feeble specimen. The doctor is writing of what he knows, and his words are well worth heeding. From him and other physicians residing in Florida we may obtain such information as may correct the impressions received from less authentic sources. But here is a sample of a different stripe, taken from the *Metropolis*, of Jacksonville:

## FLORIDA IS SLANDERED.

An Alleged Doctor Who Evidently Seeks  
Notoriety.

A "scribbler" in a medical journal published in Chicago, who signs his name as William F. Waugh, M. D., has slandered Florida and Florida people in such a manner that the Board of Trade has decided to take action in the premises. The climate and transportation companies are misrepresented, and the writer refers to a lawlessness in certain sections which is positively slanderous.

The opinion prevailed among members of the Board of Trade that Waugh was some irresponsible fellow, seeking notoriety, but how any reputable journal would publish such trash "surpassed their understanding." Dr. (?) Waugh, in his article, seems to know as much about "climatic influences" as he does about the man in the moon. A special committee of the board has been appointed to refute the statements made, and to show what a big liar the doctor is. Some members of the board believe he was paid to write the article by those interested in other sections of the country.

—:O:—



**Albuminuria:** The escape of blood has been checked by the use of cannabis indica, but there are better remedies.

If this be a fair specimen of Florida's method of conducting a scientific discussion, we may well ask whether the lawlessness attributed to the southwestern coast is characteristic of the eastern parts as well. Are the *Metropolis'* ideas of the laws of courtesy those characterizing the State at large?

Are abuse, foul epithets and attributing unworthy motives to an antagonist the only arguments the Florida representative has at his disposal?

Readers will make their own deductions. The *Metropolis'* presentation of the case certainly does not make one wish to visit Florida.

Certain family matters led the writer recently to take up the question of a winter residence for his family. A friend who had wintered in Florida made the remark as to the terrible storms on the east coast; and as we had somehow formed the impression, no doubt incorrect, that Hatteras was notable for storms, and that they extended down the coast at times, we accepted the statement. The records of the Weather Bureau, which are referred to but not quoted, may settle this question of fact, and we are ready to publish such data if furnished. Our experience with Hatteras and Atlantic storms is somewhat aged, over a quarter of a century old in fact, and before the powerful Standard Oil influence was thrown in Florida's favor. We will admit that even the weather man may be amenable to such influences, sooner than wound our Jacksonville compatriot's susceptibilities.

We turned our attention to the far southwestern corner of the peninsula, the Ten Thousand Islands, as a promising place for shooting, etc., but were informed that the district was as yet un-

**Albuminuria:** When hematuria occurs in acute cases, when acute symptoms have subsided, give cantharidin gr. 1-5000 hourly.



organized and unsafe for small parties. Probably this was also a mistake.

When men make mistakes as to facts there is a method of gently, courteously setting them right, without the ebullition of wrath and the expenditure of injurious epithets, that only make one think a tender spot must have been touched to arouse such manifestations.

We are quite ready to receive testimony from competent residential observers in Florida, and our columns are open to them.

The same holds good as to the residents of any other section that feels aggrieved over our article. But as to the difficulty in getting suitable accommodations for consumptives in the Southwest, we speak from personal experience. A Denver physician assured the writer that it was practically impossible to secure suitable accommodations in that city, for a consumptive, under \$25.00 a week. And that the unwillingness to receive such cases was great and growing. A physician from a Southern California town said they were talking of quarantining against "lungers" there. Patients going to this section write to us of the great difficulty experienced in getting any shelter, at any price. Are these things true? Do our readers in these sections know of places where such accommodations can be secured, at prices within the reach of those of limited means? Then write and tell us so. We don't object to giving some one a little free advertising if we can help any of these unfortunates to obtain needed shelter.

And let us here do Florida a bit of justice: We have not as yet heard of any such prejudice against the unfortunate "lunger," and we have learned that there are hotels there besides the palatial

Ponce de Leon and Alcazar. Pamphlets sent us show that there are numerous hotels along the east coast which take guests at \$1.00 or \$1.50 a day, and corresponding rates by the week. The numerous magazine articles confine themselves to depicting the glories of the great hotels, and say nothing of the modest resorts. Doubtless their existence may be news to some readers as well as to us.

But what we wrote of Atlantic City was based on what we knew from actual observation. During the eighteen years we lived in Philadelphia this charming resort was as familiar as the greater city to us, and many of our patients there experienced the benefits described. We have nothing to apologize for our advocacy of this resort.

The relative expense of travel will vary with each reader's residence; but to most of the great centers of population the Jersey coast has in this a decided advantage over the South, west and east alike. A few years ago boarding could be secured there as low as \$3.00 a week. The fare from Philadelphia was \$1.00 for the round trip. The winter climate is a good one for consumptives and many other invalids. And in this as in the former article we have considered neither the transportation companies carrying passengers, the hotels accommodating guests, nor even the doctors waiting and ready to treat them, but solely the patient—the last to be considered by many who write of health resorts. Suppose those who comment on this subject do likewise.

In this number we present a valuable report from many Florida physicians on the points at issue.—Ed.



Albuminuria: Helonin is another of the astringent tonics often recommended in albuminuria, best in the desquamative form.

Albuminuria: The desquamative form is easily curable in most cases, by the milk diet and the benzoates with good nursing.

## ALKALOMETRY FOR THE AGED.

By Dr. Ferran, of Lyons.

Chevalier of the Legion of Honor, ex-senior physician of First Class, past collaborator of the *France Medicale*, *Scientific Lyon* and *Lyon Progres*, member of many learned societies. Paris Dosimetric Institute, Charles Chanteaud, director, 54 Rue des Franc-Bourgeois, 1800.

Translated by E. M. Epstein, M. D., A. M., from *Medecine de la Vieillesse*.

(Continued from January Issue, Page 19).

### CHAPTER III.

#### THERAPEUTIC MEANS AGAINST THE WEAKENING OF THE NERVOUS SYSTEM AND THE PREDOMINANCE OF DISASSIMILATION.

**F**IRST. The weakening of the nervous system has been known long since as the cause of morbid decadence in the senile period. Yet just here as the highest nervo-sthenic nothing more was usually employed than caffeine, kola and coca, and in grave cases the hypodermic injection of caffeine.

These various remedies, confessedly insufficient in senile pneumonia, where the adynamia remains predominant and mortal, have besides their insufficiency the inconvenience also of the impossibility to enter steadily in the hygienic therapy of the aged. The reason for this is simple: These remedies are limited to a passing excitation of the cerebro-spinal nerves, leaving the system of the ganglionic nerves of vegetation to one side unaffected. Moreover the appetite diminishes rather under their influence than increases. That which is needed in the aged is above all an excitant of the ganglionic nerve cell, the one that presides over nutrition, and which permits the operation of the changes that are brought about there. Under such conditions strychnine and brucine are two most excellent agents. It is true that they act equally on the nerve cell as well as on the brain, but this excitation, which gives never any inconvenience as long as it is kept wisely within proper limits, is at

bottom nothing more than an additional advantage.

Hitherto classic medicine made use of strychnine in little else than in alcoholics and paralytic cases. But under the influence of the new ideas a considerable reaction is beginning to show itself.

A short time ago Dr. Comby, one of the Trousseau hospital physicians, insisted, in a conference on this subject, on the advantages of nux vomica and strychnine; and this is what he said: "The exciting effect of strychnine is dynamic, and resembles that of electricity; meantime the salivary and perspiratory secretions are augmented and the non-striated muscles are excited, and lastly the temperature is elevated under the influence of proper doses." And further on he says: "We do not prescribe strychnine enough, especially in cases of great debility from whatever cause. This is owing to our being afraid of this medicament and also to the fact that caffeine came since some years ago into current use. Caffeine is no doubt an excellent stimulant, but it must not make us forget the grand nervo-sthenic which strychnine is, whose prudent administration has not the least danger."

Now without dosimetric dosage of one-half a milligram (gr. 1-134) the administration is most convenient and never dangerous. As to the quantity, the bet-

Albuminuria: The interstitial or cirrhotic kidney is not curable, but life may be prolonged indefinitely by care.

Albuminuria: No remedy has yet been found for amyloid kidney, or one that has any effect on cyclic forms.

ter guide will be the state of the sick organism and the greater or less depression of the nervous system.

In alcoholics where the depression is sometimes enormous the dose may reach the incredible one of 60, 80 and 100 milligrams (gr. 1, 1 1-12 and 1 1-2) in twenty-four hours.

In chorea Trousseau got little by little to giving 20 and 25 milligrams (gr. 4-13, 5-13). But these are exceptional cases which we adduce merely to show how tolerant the system may be in certain determined cases. In ordinary cases we can obtain sufficient effect from far smaller doses, say one to six milligrams (gr. 1-65 to about gr. 1-11) as we have had it confirmed in a number of cases.

Second. The molecular assimilation which becomes in the aged more and more below that of the disassimilation, can be improved by good hygiene. But for this it is not enough to see to have a good appetite and a good table. We must see that the materials which are normally elaborated should be irreproachable. This result can only be obtained under three essential conditions: First, that the air respired should be pure and vivifying; secondly, that there be sufficient muscular and also intellectual exercise; and lastly, that the skin be maintained in the best possible condition to perform its functions. All these things belong to the domain of medical hygiene and must as much as possible be combined. But as these things depend upon the domicile conditions and profession of every individual, it is difficult to put down any more than general remarks about them.

As to the amount of exercise to be taken it will be best to judge of it by the more or less quiet sleep which is a

consequence of that exercise. This happy result will be so much better obtained when the exercise will have a determined and useful purpose as much as possible. This may seem strange but it is a very real physio-psychologic fact.

When the appetite is subdued and there is a tendency to constipation, and the taste in the mouth is bad on rising, it will be best to take in the morning one or two teaspoonfuls of Seidlitz (the same as Abbott's Saline Laxative), dissolved in half a tumbler of simple or sugared water or with the addition of some lemon juice.

In addition to the foot exercise spoken of before, it will be well to maintain the functions of the skin by the usual means, and for the suppleness of the articulations it will be best to exercise (and massage) them in the room before going out.

The same is to be said of the hygiene of the respiration. When it is apprehended to be insufficient we can assist it with voluntary respiratory exercise methodically executed with simple air, i. e., to see that the inspiration and expiration should be as ample as possible.

#### TROPHIC TROUBLES OF THE DIGESTIVE APPARATUS. HEPATIC CONGESTION AND DIABETES MELLITUS.

Trophic troubles i. e., those that come from a faulty elaboration of nutritive materials are more specially and more frequently met with in old age. They were the object of the remarkable labors and studies of physicians of great renown, such as Charcot, Bouchard, Poucel of Marseille, Lepine of Lyons, etc.

The outcome of these studies is, that trophic troubles have for their common characteristics two constant and almost inseparable phenomena, viz., feebleness of the nervous system and chronic con-



Alcoholism: The morning vomiting is relieved by copper arsenite gr. 1-100 to 1-1000, every ten to thirty minutes.

Alcoholism: For morning vomiting zinc sulphocarbolate enough to correct the bad breath will prove efficient.

gestion of the liver. It is to these two phenomena of decadent life in declining age that many grave chronic affections join themselves such as biliary lithiasis, diabetes, albuminuria, gout, gravel, rheumatic gout, etc.

This debility of the nervous system shows itself first in the acts of vegetable life. It shows itself in the unfitness, dyspepsia and the various troubles which result from the diminution of the gastrodigestive secretions furnished by salivary, gastric, biliary and intestinal glands. It is to be noticed in this connection that the abundance of the secretions are always in direct correspondence with the degree of molecular activity in the organism taken as a whole. From this appears the unavoidable necessity of regulated active life in old as well as in mature age. How often are not the troubles of old age the simple consequence of a bad hygiene in mature age? And so we see the indispensable necessity of searching for an original cause. Leaving to one side the organic troubles which are nearly always of a cancerous nature we will consider here the functional troubles only which are peculiar to old age.

Dyspeptic troubles may arise from either a superabundant alimentation or a bad choice of aliments or an extreme irregularity of the hours of eating or finally from an insufficiency of mastication and insalivation. But the most frequent cause is of an altogether different order; it comes from the influence of sadness and disappointments (*la tristesse et les chagrins*). Disappointments are the poisons of old age. It frequently depresses profoundly such organisms as are already enfeebled. At first it diminishes the intensity of the respiratory and circulatory movements and as a consequence

all the springs of vitality. Contrary to that of joy which opens all the pores of the skin, sorrow closes them firmly and makes a flow back to the liver and the lungs of all the fluids of elimination, those toxic fluids which generate ptomaines and provoke throughout all the organs the more or less disastrous disorders. Finally it impresses all the salivary and gastric glands with an intense inaction and so it becomes a most tenacious cause of dyspepsia.

In old age this is the most powerful element of destruction against which therapeutics are completely disarmed. We can judge now what the disastrous effects must be when to the already existing functional troubles there is joined yet a congestion of the liver or spleen, and this is the usual case. And so much the worse will it yet be if there exist already the morbid affections of nutrition, of which we have spoken before, such as diabetes, biliary lithiasis, gout, gravel, etc., the cause of all of which affections. Prof. Bouchard ranges under the phenomena of retarded nutrition.

Dr. Poucel of the hospital of Marseilles has well demonstrated that the dyspeptic troubles of all these affections are referable to the one chronic congestion of the liver which in time can produce an alteration of this organ. These troubles make the fortune of the Vichy and Vals waters and of the other alkaline gaseous bicarbonated waters whose action to be efficacious must be mild and of long duration.

The biochemic studies of Prof. Bouchard have come from a therapeutic point of view to confirm that which was long before known, viz., the efficacy of the alkaline bicarbonates in the dyspepsias and the morbidities of an acid dyscrasia.



Alcoholism: The famous morning vomiting is due to foul stomach contents and may be relieved by any gastric disinfectant.

Alcoholism: Vomiting or nausea at any time may be relieved by washing the stomach out and disinfecting it well.

"That which is of the greatest importance," says he, "is to combat the cause which hinders the acids from burning themselves up normally. We must give sufficient but not excessive aliment. We must suppress as much as possible all the influences which weaken nutrition (molecular), as humidity, confined air, sedentary habits, lack of exercise and normal depressing affections. We must develop functional and respiratory activity; we must advise muscular exercise, gymnastics, extensive movements of the upper extremities which render the respiration more profound. We must, finally, stimulate the nutritive changes.

"You will succeed above all when you act upon the nervous system. You can for that purpose advise diversion, change of place, traveling, stimulation of the skin by friction, etc."

We who know the resources of alkaloido-therapy permit ourselves to add to these excellent hygienic counsels the use of brucine, strychnine, quassin and euonymin without prejudice against the bitter extracts, gentian and wild chicoree without forgetting the frequent use of Seidlitz Charles Chanteaud (our Abbott's Saline Laxative).

We are not given to too much repetition but it is the power and simplicity of the dosimetric therapy, of which use can be made on every occasion, by which it is absolutely superior to classic medicine from which, however, in a scientific view point, it does not differ at all.

It is in the chronically returning affection where the alkaloidal granules are of much circumstance. The diabetic, as well as the lithiasic (lithemic) and the gouty patients are during a long period, properly speaking not patients, but rather valetudinarians, who need free air

and more movement than repose. Their diseases are those of city people, almost unknown among country people and not at all among the Arabic population of Algiers who live and sleep in the open air.

According to the latest studies of Prof. Lepine the action of the pancreas, which regulates the greater or less formation of glycol from the sugar in the blood, is under the influence of the nervous system. It follows therefore, that diabetes is owing far less to a lesion of the pancreatic gland than to that of the nerve cell. And this idea agrees perfectly with necrologic histology. We find in fact almost never any alteration of the liver at the first appearance of diabetes. It presents no signs of that kind except when the affection arrives at its last stage, and when the organ has worked too much, then these lesions become concomitant with those of the kidneys with which lesions they are produced simultaneously. But the lesion is not limited to the hepatic cells alone, it extends to that of the pancreatic cell and probably to the entire ganglionic system. But about the alterations of these nervous tissues pathologic anatomy and the microscope gave us hitherto no light. Fortunately as Dr. Poucel observed: "There is no doubt that the cellular lesion is not always preceded or predetermined by a lesion of the blood plasma and this is the reason that such trophic disorders as diabetes, albuminuria, lithiasis, etc., are always susceptible of prevention or rectification by good hygiene." And so much the more will these good effects be obtained when this repairing hygiene will be assisted by the daily action of such powerful nervosthenics as brucine and strychnine arsenate.

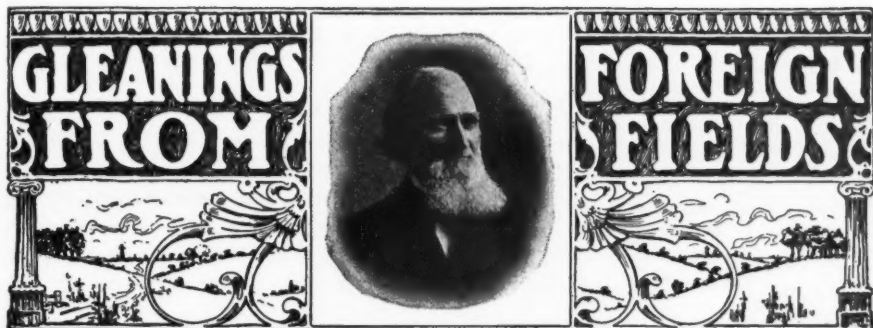
(To be continued.)



Alcoholism: Capsicin in full doses, relieves the insomnia better than anything in the long list of hypnotics.

Alcoholism: Capsicin will compel the over-stimulated stomach to digest some food a little longer but fails at last.





Translated by E. M. Epstein, M. D.

### OSMODIETETICS.

In the assembly of German Naturalists and Physicians (*Deutsche Naturforscher und Aerzte*) held at Carlsbad, Bohemia, September, 1902. Dr. Strauss, of Berlin, made the following remarks on osmodietetics: "It can be regarded as settled that the design of the osmotic work of the various organs is to keep up constantly the osmotic pressure of the blood.

"The care of the stomach with reference to an osmotically favorable diet, which is necessary at all times, is especially to be attended to in motor insufficiency of that organ. It should receive food that is as near 'gastro-isotonic' (even tonicity of the stomach) as possible. Alcohol and larger quantities of salt and sugar are contraindicated in such gastric insufficiency, while the treatment of it with albumin and fats is recommendable on osmotic grounds.

"Alcoholics especially 'schnapps' must be regarded as stimuli, although in higher concentrations they seem first to disturb the absorption and only afterwards the osmotic work.

"In the osmodietetics of the kidneys the dosage of the supply of water and albumin plays an important part. Polyuria seems to fulfill often a compensative de-

sign, especially in chronic interstitial nephritis, therefore should the supply of fluids in polyuria not be so shortened as was advised in later years, although an already existing or threatening cardiac weakness seem actually to justify it. The quantity of albumin given should be sufficient but should be kept near the lowest limits required for the production of working force. Suitable for this purpose might perhaps be a periodically interrupted diet, with albumin-scanty food. The quantity of salt supply also does not seem to be wholly indifferent in certain forms of nephritis."—*Wiener Med. Wochenschr.* No. 42, p. 2001, 1902.

A large article on this subject is published by Dr. Strauss in the October number of *Die Therapie der Gegenwart*.

Dr. Epstein's pamphlet, "Nutrition as now Understood," will also give the reader an insight in the modern application of osmosis to nutrition.

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### AUTOINTOXICATION.

At the same assembly von Poehl of St. Petersburg, Russia, made in substance the following remarks: "Auto-intoxications are conditioned upon anom-

alies of tissue-respiration and osmotic tension.

"There are essentially two elements entering into the conditions, producing autointoxications and they can be traced back to a reduced respiration of the tissues. The first is exhaustion, both mental and sexual, and also bodily. The second is dyscrasia and abnormal states of the organs, whose functions have an influence upon the respiration of the tissues. In psychical, physical and sexual exhaustion, there is an over-production of lactic acid in the over-stimulated tissues and this produces an acid intoxication of the organism, and this accumulation of lactic acid is the result of an insufficient oxidation of it on account of a reduced tissue respiration. Many organs (testicles, ovaries, thyroid, thymus, etc.) are sources for the formation of spermin, which influences catalytically the energy of the oxidizing processes in the organism. When the functions of the organs are disturbed then the energy of the oxidizing processes in the organism is reduced and with this there is a diminution of one of the functions of tissue respiration, to wit, intraorganic oxidation. The result of deficient oxidation of the products of metabolism is that the osmotic tension and the electric conducting capacity of tissue fluids are reduced.

"As to the second function of tissue respiration, namely the excretion of the metabolic products out of the tissues, of this we know very little beyond its dependence upon oxidation. There is a remedy obtained from nerve substances called cerebrin, which has a specific influence upon this second function. In certain stages of epilepsy and in severe cases of neurasthenia and in alcoholism there is a retention of metabolic products

against which cerebrin has a beneficial effect."—*Ibid.* page 2002.

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#### HUMAN DEGENERATION AND THE JEWS.

Dr. Moriz Kende, of Budapest, Hungary, published lately a very interesting brochure on the ever important subject of human degeneration, entitled "*Die Entartung des Menschengeschlechts, ihre Ursachen und die Mittel zu ihrer Bekaempfung*;" i. e., "The Degeneration of the human race, its causes and the means of combating it."\* It is an instructive study written for the common popular understanding. In speaking of in-breeding as a factor in the human degeneration the author has the following to say on pages 85 to 88. "If on the one hand we should consider the ancient Persians and Egyptians among whom the marriage of sisters was permitted (well known are the sister marriages of the Ptolemies), or considering the many families of the nobility all of whom were mentally and bodily well developed although their members intermarried in and in, there are to be considered also the many other instances of various princely houses as well as of isolated tribes who through in-breeding became deteriorated both mentally and bodily. The Hungarian traveler, Bano, relates of the German colony Tovar in Venezuela, the members of which being far away from the world's turmoil intermarried exclusively among themselves, and in the course of fifty years became totally idiotic, deteriorated bodily and were in a dying-out state, although they lived contentedly and had no lack of food.

There is another and much larger tribe

\* Published by Carl Marhold in Halle a. S. Germany.



Acidity: Acids taken before meals hinder the formation of acids; after meals they add to the acidity and distress.

Acidity: When you see the results of an emetic, you are apt to wonder how you ever expected relief from other drugs.

which on account of proscription reaching from ancient times down to our own day has been excluded from sexual crossing and is yet so in many lands, and who can therefore propagate himself only by in-breeding. That tribe is that of the Jews.

All human beings are subject to the sexual instinct and it strives only for the beautiful and healthy and asks never about religion and social standing. It would therefore be hardly possible to institute an inquiry into the results of in-breeding in the Jewish race, which in every other respect is absorbed in general society and whose members wish to be regarded separately as religious associations merely, were it not for the existence of two heavy factors which are of great importance in the question of in-breeding among the Jews.

In the first place there is no proselytizing among the Jews, whose religion is not organized for this purpose and whose circumstances past and present were and are unfavorable for it. A second authoritative factor in the question is the strongly expressed family sentiment of the Jews, which involves faithfulness and love and which strives to keep the family hearth undefiled by sexual impurity. In former times when the Jews were not in communication with people of other than their own religion, this family sentiment was even more powerful, but even now when modern society has leveled the road for assimilation and Jewish family ties seem to get loose, even now the traditions are strong yet and the love of family is so intimately inborn that the decay of Jewish family life is not to be feared for many generations yet to come. But I must express my opinion right here that in-breeding of healthy persons who are not tainted with hereditary

disease does not lead to degeneracy.

Other agencies promotive of strongly expressed degeneracy among the Jews are the oppressions and persecutions which they suffered for hundreds of years from the nations among whom they lived, as well as the difficult conditions they were under for a proper mental and material existence and under which conditions they are even now in some civilized countries, the ill consequence of which conditions upon the emotional part of human life is not to be regarded as lightly falling in the balance. The greater number of nervous and cerebral affections among the Jews, the many cases of hysteria among Jewish women, must not be traced to mere fear of sickness and death, for although the Jew runs to the physician for trifling ailments, still is this very running a symptom of a diseased condition. Neurasthenia, hypochondria, hysteria, diabetes, etc., occur among the Jews at a higher percentage than among people of other faiths. All alienists agree in their experience that there are relatively more mentally diseased and idiotic cases among the Jews than among other faiths. In Germany there are 10.4 mentally diseased in 10,000 Christians and 20.2 among as many Jews. In Denmark there are 5.8 Christians and 33.4 Jews in 10,000 persons. In Great Britain 26 Christians and 30 Jews in that many persons, and in Italy 5.8 Christians and 39 Jews to that many persons.

In the statistics of the blind the Jews occupy the first rank. In Prussia there are according to Guttstadt, of Protestants 8.2, of Catholics 8.4, of Jews 11, blind in every 1,000 of them; and in Bavaria of Protestants 7.8, of Catholics 8.2, of Jews 13.8, blind in every 1,000 of them. And it is to be noticed here that ophthalmia of



Acne: When it depends on uricemia, as it often does, give lithium salicylate, gr. 1-6 every half or one hour.

Acne: When the disease is a relaxation of the cutaneous connective tissue, the remedy is berberine, dose enough.

the new-born is far more rare among the Jews than among others, hence the predominance of blind must be owing to in-breeding of relatives rather than to anything else; and so too are the cases of deaf and dumb with whom the Jews are in the first rank. According to Liebreich there is in Berlin one deaf and dumb in every 2,215 Christians, and one in every 637 Jews; in Bavaria there are 8.56 Catholics; 9.47 Protestants and 18.16 Jews; and in Prussia 10.27 Catholics, 9.55 Protestants and 14.38 Jews, deaf and dumb in every 10,000 of each of them.

The supposition that in-breeding plays a prominent part in the causation of deaf-mutism can be confirmed by other analogous examples. Thus there is a considerable preponderance of the percentage of deaf-mutism in mountainous regions, where the population in the Alpine valleys are much inclined to in-breeding.

Myopia too is according to N. Botwinik from four and one-half to five times greater among the Jews than other nations. Myopia over 10.0D is more often met with among Jews especially women than among non-Jews. This affection develops in younger Jews more than in those of non-Jews and moreover leads in them to various complications sooner than among other people. Color-blindness too is more prevalent among Jews. Flat-foot too is especially prevalent among the Jews. This affection is however very prevalent among the negroes also and according to Henk it depends upon congenital laxity of the ligaments of the sole and tarsus.

That in spite of all these injurious agencies the Jewish race shows no great decrease has been traced to various causes. We would point here to the

smaller mortality of infants even among the poorest of Jews. Then to the average better attention to health, and lastly to the preponderance of males, which is one of the results of in-breeding.

The stronger crossings of mixed marriages have more female infants as a consequence, while in-breeding produces more males as is the case with mine workers, among whom in-breeding is very prevalent. The Jewish males are the bread winners and provide for better conditions of living.

Early marriages moreover are on the average more common among Jews and this produces the average higher plane of sexual morality among them, and the comparative rarity of illegitimate children and prostitution among them, just as is the case in all the Mohammedan Orient.

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#### THE EFFECTS OF BITTERS ON THE SMALL INTESTINES.

A. Jodelbauer experimented in the investigation of this question by means of fistulæ which he established on dogs according to the method of Thiry-Vella. He arrived at the following results:

1. Bitters do not change at once the absorbing capacity of the intestines, nor do they always stimulate their secretions.

2. Both absorption and secretion are increased if the bitters get into the intestines an hour before the absorption experiment is made.

3. The increased actions may last for four days.

4. The effects of the bitters is local and seems to be specific.

The author noticed that the above phenomena succeed in only freshly made fistulæ. The author is inclined to assume that the above mentioned phenomena influence only certain tissue elements.—*Therap. Monatschrift*, Dec. '02.

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Acne: Strychnine arsenate contracts the relaxed cutaneous connective tissue and combats the tendency to pus-formation.

Acne: When the true lesion is relaxation of the cutaneous capillaries, give ergotin, or chrysophanic acid, dose enough.

# Miscellaneous Articles

## SEASICKNESS.

Frequent mention has been made in the CLINIC of the alkaloidal treatment for seasickness, car sickness, elevator sickness, etc. So far as we know this sickness depends upon a disturbed equilibrium of the vasomotors and working on this basis our best treatment is small doses of strychnine, hyoscyamine and morphine, with sometimes the addition of copper arsenite. For this a special granule has been devised, the formula of which with general directions for use is as follows:

Antinausea, for Seasickness: Strychnine sulphate gr. 1-134, hyoscyamine gr. 1-268, morphine hydrobromate gr. 1-67.

Allays spasmodic contractions of stomach, and regulates circulation in the brain rendered anemic by the reflex spasm (dizziness), caused by the motion of the vessel or otherwise; indicated as a preventive before embarking, and as a curative during the feeling of distress and during vomiting; one every 15 minutes until the disappearance of the dizziness and nausea.

As an evidence of the value of this formula we repeat the following from a personal letter written by Dr. E. M. Davidson, now in Cuba:

"By the way, I had a glorious success with the Antinausea Granules for Seasickness on my way down to Cuba last February. I had my hands full, administering them to passengers, some of them very prominent people from the States, making their winter trip to the

land of palms, fruit and flowers. These little granules worked just charmingly, and of course I was the recipient of many grateful expressions from both passengers and officers."

Taken all in all, seasickness is a distressing, little-understood condition, and anything that affords a measure of success in its treatment should be borne in mind.

A curious claim has recently been made by voyagers to the effect that the intensity of the nausea is often materially relieved by constant looking in the mirror; the theory being that to control the action of the muscles of accommodation lessens the disturbed nervous equilibrium. Whether there is any truth in this I have never had an opportunity to judge, but as an expedient (along with the formula above suggested which we know to be excellent), it is worth bearing in mind.

W. C. ABBOTT, M. D.

Chicago, Ill.

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## ALCOHOL HABITS.

What I am about to make known is the result of experiments upon myself, not hearsay or the teachings of a theorist. For thirty years I have abstained from strong drink as a beverage, never touching it unless in case of necessity as a medicine. Alcoholic liquor when drank



as a beverage leads to the destruction of soul and body if continued long enough. The death-ravings of a dying drunkard are next akin to hell—a sight never to be driven from visions. The tormented in hell possibly cannot suffer more than a man dying from *mania-a-potu*. It is the most heart-rending sight one ever witnessed and can never be erased from memory.

It is a dangerous practice for a person once addicted to strong drink but freed from its galling chains to ever take a social glass, and the worst enemy a reformed drunkard has is the friend (?) who insists in "just a glass of wine with me." Thousands once reclaimed, by yielding to persuasive eloquence from the ruby lips of some fair damsel, have again reeled in drunken stagger and filled drunkards' graves. All this I had in view when I made the experiment.

So many "cures" have been announced, and so much written on the subject, that I felt somehow a keen desire to make the test, which I am about to explain for the sake of others, who need and should have relief in order to break the hell-bound chains of the worst demon that ever cursed the earth.

Pouring out four ounces of strong whisky at 9 p. m., I drank it down. In a brief period I felt that I owned heaven and earth. As the spirit of ecstasy began to wane, I felt sleepy and tired. I awoke the next morning with two heads instead of one. The sweetest and best thing I ever tasted was ice-water, for I was on fire within and dead without, and felt like I had been through a regular tug-o-war football game. I began the day by taking strychnine in moderately good-sized doses every three hours, and by nightfall I was braced up pretty good. At the same hour as the preceding night

I took another four ounces of whisky, but after waiting to see the result, was somewhat disappointed in that I was not so rich, brave and happy as on the first night.

The second morning I had some thirst and a dull headache, but nothing to compare with the first morning. I then took strychnine arsenate, sodium and gold chloride, hyosine and capsicum, in good-sized doses all day long. By night time I felt fine. Took four ounces more of whisky, hardly feeling any effects at all, so I repeated the dose but still with little exhilaration. I then stripped for bed, had been in bed but a short while when I became deathly sick at my stomach. In fact I was strangely sick all over, I could not vomit although I tried hard to do so. I spent a wretched night.

The next morning the scent of whisky, aye the very thought of it, made me gag; and my facial expression, judging from my feelings must have simulated the monkey in his efforts to escape from the polecat. I continued the same drug treatment the next day, and by night was feeling splendid, but could not go the whisky another night. I was completely disgusted and happily cured, and that ended my experiments on myself.

The above facts convinced me of the antagonism between whisky and the drugs I took, resulting in a detestation for it in an exalted degree.

Taking this test as a guide, I used it as a "cue" for further investigation and experimentation. The experiments upon myself and others resulted in the following formula as a cure for the liquor appetite. If the reclaimed drunkard is to continue on the safe side he must keep at a safe distance from it and its associates; and when once again clothed and in his right mind, he should ever bear in



Acne: In scrofulous forms with fragility of the cells, aptness to suppuration, give calcium lactophosphate for months.

Acne: In cases with scrofulous suppuration add to other remedies calcium sulphide enough to stop pus-formation.

mind that One mightier and stronger than drink, if trusted and feared in a Christian sense, is willing and ever ready to lend courage and will power to overcome the destroyer in the hour of temptation. Don't forget to pray. It will help you when all else fails.

The formula is as follows: Strychnine arsenate gr. 1-67 to 1-30, sodium and gold chloride gr. 1-67 to 1-20, hyoscine hydrobromate gr. 1-1000 to 1-200, oleoresin capsicum, drops one to two. Mix. One dose. Direct: One such dose every two or three hours, watching the effect of hyoscine, although alcoholic and morphine patients can take it in enormous doses before its toxic effect is seen and felt. The different drugs can be made into a tablet; but as no two cases can be given the same sized doses, I would advise the A. A. Co.'s granules given separately, but all at the same time, as they are absolutely true to name and exact dosage.

An analysis of this formula quickly reveals its value. The capsicum is for that sinking, sickening, all-gone feeling in the stomach, when whisky is cut off. The hyoscine as a nerve sedative and anodyne for the nervous trembling, etc. The bowels to be kept free by the use of saline cathartics, such as the Abbott Saline Laxative.

The diet to be nourishing; raw eggs and milk, and Bovinine, together, and hot oyster stews, fill the bill for a whisky stomach. The patient must be given hot tea daily, made from the whole red pepper pod, and plenty of it. It is magical in its work. Cold baths to head, face and neck, hot to feet. I trust other journals will copy this.

J. ZACHARY TAYLOR, M. D.  
Baltimore, Md.

Acne: In rosacea, where there is suppuration, give arsenic sulphide gr. 1-67 every two to four hours, with benefit.

There cannot be too many ways of curing inebriates. I am just old-fashioned enough to believe God's blessing will rest on every one who rescues a fellow man from this slough, even if he does it in an unethical way.—Ed.

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**A GOOD BEGINNING.**

March 12, 1900, I began the practice of medicine out here in the wild and woolly west, in a big territory not near another doctor. I had studied medicine three years and four months, within which time I had taken two courses of lectures; and once since; but I must yet attend another course before I am allowed to add those prominent letters M. D. to my name, without which some little M. D.'s think a fellow should not be called doctor or doesn't know anything. But I think I know a good thing when I see it, so one day I happened to get a sample copy of *THE ALKALOIDAL CLINIC*, in which Dr. Coleman told how he could so successfully treat whooping-cough. "The Professor" and books told me that it had to run its course, so Dr. Coleman's article was news to me.

It was not a year before I was taking the *CLINIC* and found it very good. Last winter while attending lectures I bought Waugh's *Treatment of the Sick*. It is the essence of medical practice, a very present help in time of trouble. Not long since I bought Waugh's *Diseases of the Respiratory Organs*. It is rich and nourishing. Next came Dr. J. M. Shaller's *Guide to Alkaloidal Medication*. Well, I hardly know how to say it, but 'tis a sparkling gem of therapeutic wealth. It says what it means and means what it says.

Lastly the pair of twin American Alkalometries and *The Surgical Clinic* came

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Acne: In obstinate cases, strongly stimulate the absorbents to remove debris, by giving gold chloride to effect.



give a uric acid solvent, such as Abbott's Salithia, in one-dram doses three times a day, to eliminate the uric acid.

W. F. RADUE, M. D.

Jersey City, N. J.

—:o:—

Dr. Radue's little practical notes are always "meaty." I would push the remedies for the paroxysm more rapidly, and apply mustard over the right pneumogastric in the neck.—ED.

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### ACUTE HEPATITIS.

Married lady, 25, had acute hepatitis about a year ago. She had been under treatment before I visited her. It seemed very singular to meet such a case in our temperate and cool climate, as it is decidedly a disease of a warm climate. The disease commenced with a chill, marked, followed by a succession of chills for a week or more, then a febrile movement set in but not of a very high character, none exceeding 100 F. Pain on right side over liver, sometimes dull, sometimes sharp, more or less tenderness over liver, also a sense of tension and weight; jaundice of a diffuse character all over the body and eyes, no appetite, thirst marked, nausea but no vomiting, respiration embarrassed, urine loaded with bile, pulse irregular and weak, headache, very great enlargement of liver, in fact she was as large as a woman nine months pregnant, but the enlargement was all on the right side.

Causation: Was unable to trace it to any special cause.

Treatment: It was difficult to decide at first what treatment would be best to follow, but having read in the CLINIC an article of Dr. Waugh suggesting the use of soda succinate in liver troubles,

thought, here is a case for a good trial; so commenced with five-grain doses in capsule four times a day, one hour before meals and at bedtime, small doses of calomel and soda gr. 1-10, ten tablets given two every two hours every other day, followed next morning by a good dose of Abbott's Saline Laxative.

To arouse the liver to discharge the bile gave two granules of quassin gr. 1-12, with caffeine gr. 1-6, two granules before meals. To quiet pain and give sleep, hyoscine gr. 1-1000, one to two granules every two or three hours, looking out for effect. At bedtime if restless gave from three to four granules which resulted in a good sleep.

This treatment was faithfully carried out for a week. During this time she was confined to bed. At the end of the week the improvement was very marked, the enlargement of liver had diminished some, was able to sleep better, had less headache and pain, the yellowness of the skin had faded perceptibly. I therefore continued same treatment with the addition of strychnine sulphate gr. 1-60 three times a day after meals to strengthen the stomach.

Diet: During the first week was largely composed of beef tea, milk, clam bouillon, white of egg in cold water. The second week saw a still greater change, the enlargement reduced, yellowness of skin still fading, large quantities of bile being passed through kidneys, no albumin in urine. Increased doses of soda succinate, ten grains in capsules three times a day one hour before meals, the other treatment continued.

Third week, enlargement diminished one-half, white of eyes clear, skin of quaint yellow, plenty of bile still passing through kidneys and bowels. Continued soda succinate ten-grain doses three

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Acne: Sometimes obstinate cases respond favorably to the peculiar stimulation exerted by sanguinarine gr. 1-67 hourly.

Acne: When the skin is muddy, doughy, the conjunctiva cloudy, the lymphatics need mercury biniodide gr. 1-67 hourly.

times a day with same treatment as before.

Fourth week, a still greater change was apparent, very little yellowness of skin, then only in patches, liver nearly normal size. Continued soda succinate in ten-grain doses, only giving calomel and soda tablets gr. 1-10 every third day. Keeping up action of bowels daily with Abbott's Saline Laxative.

Favorable conditions two weeks longer, when I discharged the patient but continued the soda succinate in five-grain doses three times a day; with caffeine and quassin, two granules each before each meal. She was able to be about the house sixth week after treatment.

Case 2. Lady, 46, enlarged liver but only one-fourth the size of the first case, same history as the first case but she had in addition gall-stones; jaundice general and diffused over the whole body, more or less tenderness over liver, temperature not above 100, pulse weak with irregular action of heart, nausea and vomiting more frequent in this case, less restlessness, sleeps good, and but little headache.

Treatment: Succinate of soda ten-grain doses in capsule three times a day one hour before meals; calomel and soda gr. 1-10 given in same doses as before, also Saline Laxative, caffeine, quassin, strychnine sulphate. In four weeks she was completely well and the gall-stones had disappeared.

S. A. KEMP, M. D.

Callicoon Depot, N. Y.

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This is a most suggestive report. It indicates the wisdom of testing soda succinate more generally in hepatic maladies. That this salt has proved of remarkable efficacy in the treatment of biliary lithiasis indicates the wisdom of testing it in other hepatic maladies. It seems to be a germicide in the gall ducts,



Acne: When the face is greasy, inclined to sweating, give atropine gr. 1-500 every hour till effect is evident.

or in these and the duodenum. Try it out. And report to us.—Ed.

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### FLORIDA.

I have just read your article on "Winter Homes for Invalids," and must correct some of your statements. From whom or where did you get your idea in regard to the climate of Florida? Especially the east coast? Now, we have not a paradise in any portion of Florida, and there are discomforts and annoyances in all parts of the State, at all times of the year; especially in the interior of the State and in the neighborhood of streams, lakes and ponds, in the summer and fall.

First, Mr. Flagler's hotels are built for the millionaires and many others, but even in the places where they are, invalids and all others can get needed comforts, at from \$7 to \$10 per week; and where they come early in the season and wish to stay a month, or from four to six months, they get accommodatoin for less. Your greatest mistake is in the east coast being "stormy during winter." I have lived on this coast twenty of the past twenty-two winters, and never has there been anything approaching a storm occurring from Nov. 1 to March 20. Our stormy period is from the full moon in August to the full moon in October, and frequently we have no winds strong enough to do any damage worthy of note. There has not been a tree uprooted, a shack or shanty blown down, either this fall or in '01.

We had heavy rains that flooded the "flat woods." This E. C. R. R. has been in operation since '87, and has run trains south of this place more than 200 miles for eight years. It follows the coast as close as it can, all the way down, two to



Acne: For girls who about the age of puberty are afflicted with this disfigurement, berberine is specially useful.



four miles from ocean beach. Last fall its trains were delayed three days at once; this fall less than thirty-six hours, cause, the track was under water. Again, there are hundreds of vessels going down and around this coast at all times.

In '80 we had the most terrific gale known on the coast in thirty-five years. There was a steamer, New York to Vera Cruz, and three schooners loaded with lumber, wrecked on the east coast of Florida. This was Aug. 18 to 20. Once since, in August and September, we had something similar, in '94. There were three small vessels wrecked. At that time there were at least 200 cottages, lightly constructed frame buildings, built on the bluff overlooking the ocean, within a radius of thirty miles. There were two wrecked and not more than twenty that required a carpenter to repair damages.

The other years in the past twenty, we have had hard blows sufficient to do some damage, which are seldom spoken of; also to my knowledge there have been but four vessels wrecked on this coast. We never have anything approaching a storm in March and April, and if we have high winds they are from the west, south and south-east.

I do not wish to say anything to detract from our west coast. There are places where one can find invigorating air and comfort in winter, and it is a sportman's paradise, especially for angling; but if you will study the weather reports you will find that seven out of ten storms affecting this section have their origin in the gulf, and do not reach or affect this coast.

Atlantic City as a climate for invalids is very desirable in summer, and has many attractions and comforts not to be found or obtained on this coast; but it

certainly is not superior as to climate in winter. Just consider—the gulf stream touches this shore 120 miles south of this point, and is less than two miles off shore here. There are not sixty days in the year that any but the most delicate may not and do not take baths in the surf. North and south of this, there is a beach twenty-eight miles long, that is traveled 300 days in the year by team and bicycle. From the mouth of the St. John's river for 100 miles south, our coast is a summer resort, so healthful and enjoyable that people come here from Georgia and the Carolinas, though they have to fight mosquitoes for a week nearly every full moon.

Honestly, I think this State is no place to send patients suffering from tuberculosis of the lungs, though I have known many benefited, and living here now in comparative health for ten to fifteen years; but many have to get away, or are sent in a box. Of those suffering with bronchial and throat troubles, a large majority are relieved and cured. For any of these troubles I am confident the east coast is the best part of Florida. The chief trouble with the invalids is to get them to live out of doors and in the sunshine. From December to April there are not thirty days that a person who is able to get out will not find it pleasanter, and certainly more healthy, to be out of doors than in the house. An invalid coming here must have medium, warm, light-weight underwear, and warm light-weight clothing, with wraps to use if they sit much in the breeze or during our cold days. Also, people are unreasonable enough to go and live on the beach, or get on the river front, where they are exposed to a chilling breeze when there is any, because they like to look at the ocean or river. Then they say they can't live



Acne: The constipation always demands attention, with euonymin, irisin, or juglandin, even mercury if indicated.

Acne: Autotoxemia from the alimentary canal is most common, but it may come from the vagina or other localities.

here and find it does not agree with them; when if they would select a residence back from the water, and when they go out seek the place where they are protected by buildings and trees, they would find it more comfortable by twenty.

Doctor, come to Florida. Come to the east coast at any time of the year, and you will tell a very different story the next time you write of it.

Where did you get your information that any portion of the west coast was lawless, or unsafe for anyone, individually or in parties? I am satisfied that this is a great injustice. People coming, invariably say, "do nothing but eat and sleep." I mean on this coast. I am saying nothing in praise of this place above many others.

J. M. JONES, M. D.

Daytona, Fla.

—:o:—

We are preparing not only to discuss this Florida question but to settle it. See subsequent papers.—Ed.

#### HOLIDAY THOUGHT.

Please send the CLINIC for the coming year with my compliments to the two physicians whose addresses follow. I do this for my own benefit largely. You know we are all sinners, fast enough; and if at the Judgment Bar we find lots of sins charged up against us on the one side, and yet on the other some love of God, and also more love for our fellow-men, it will likely help us decidedly; and perchance no "red ink" balance will be carried on the Book of Life, but instead a true balance struck and a new account started above.

Now, I am firmly a believer in Alkalimetry, and know that the more intelli-

gent, active doctors that make use of this form of medication, the better will it be for our fellow-men. So I am in it to help you convert some of them. See? My logic brings it back to my original statement, that the act is really largely selfish, after all.

Good luck to you all! If I were not so uncomfortably hard up, I would send you in at least half a dozen pairs of names and as many dollars. Soon as I can, I will accept for myself your proposition of both journals two years for \$3.

As ever, a steady drawer of water from your spring of knowledge.

T. B. V., M. D.

—, N. Y.

—:o:—

Now I would just like to shake hands with that man. How gracefully he does a kindly act, and endeavors to hide it under the guise of selfish motives. We and the world can stand a good deal of that sort of selfishness. I only wish I dared give his name, but that sort of a man would not like it.—Ed.

#### NEGRO PRACTICE.

Owing to my practice being rural, 99 per cent negro, I cannot use the alkaloids as I would like. However, I have used some of the granules, and called upon the editors for advice. This was so well given, and the diagnosis of the cases described so true, notwithstanding the meager description given as a basis for an opinion. Suffice it to say, that your judgment is so accurate and the remedies so reliable, that I sometimes wonder if there is not a superhuman head on the CLINIC throttle. I am absolutely astounded at the knowledge of medicine displayed, and of the indications in illness. Indeed, wonderful seems your

Addison's Disease: Like all other forms of pernicious anemia this may be closely connected with autotoxemia.

Addison's Disease: Meet the anemia with iron arsenate, gr. 1-67 every two hours while awake, long continued.

ability to cope with disease, whatever its nature

As I said, I use but little of these remedies, not that I like anything else half so well, but I could not afford them in a colored practice, where I do well to collect 25 per cent. Then if you abort an attack in a negro he will almost invariably quit you if he can get another doctor, because you did not get him up even sooner, or arguing that he could not have been very ill or the doctor could not have gotten him up so quickly, etc.

You must give a negro the worst, most sickening cholagog you have, to make him think well of you. Then he will say: "I Gaude, I sho' was sick dat time; an' ef de Dr. had'n' gimme dat dose w'at I done took dat night I sho' would lef' dis kentry."

They are a people by themselves, the happiest, most contented race; and have more to be thankful for than any race of people God ever made. They can take an even start with a crocodile and live in the swamp with him, and be as healthy. Yet in a few centuries they will be an extinct race, owing entirely to their want of cleanliness and hygiene about the premises. It is the rule rather than the exception that they have more than one, or even more than two, women, as they call them. But I am entirely off my course.

A. J. HALL, M. D.

Judges' Siding, Ala.

—:o:—

I do not see why you cannot dissolve the granules in water, with a little saccharin to sweeten and carmine to color, and use them just as easily as you do the galenics. The use of accurate remedies for distinct indications makes a man a better doctor; in fact, true progress in therapeutics is impossible with-

out it. I wish I could live fifty years longer, to see the wonderful progress in therapeutics which will be made when the whole profession has adopted this method. In dealing with this ignorant class, you must put your wits to work and not let them take such a view of your work. Study the science of suggestion, far enough to learn how to suggest a proper estimate of your work with these people. That is one of the most essential parts of a doctor's work.

I rather think that a few Wide-Awake granules, or a few of colchicine, will give the darkey about all he wants in the way of impressing him with the power of your medicines.—Ed.

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### THAT HAIR TONIC.

I did not know you had so many front-row readers. I have had so many requests for that hair tonic referred to in my note in the CLINIC for Decemer that I cannot answer them all personally.

The following is the whole thing as I use it. The "tonic" alone is an elegant and not greasy hair dressing, but for new hair and to prevent the old from turning gray, the unguent should be used in connection with the tonic.

#### HAIR TONIC.

Resorcin.....2 drams,  
Tinct. cantharides....4 drams,  
Glycerin .....1 ounce,  
Tinct. lavender comp..4 drams,  
Fl. ext. cinchona.....1 ounce,  
Dilute alcohol.....  
Bay rum, equal parts, q. s. ad  
.....1 pint.

Direct: Apply freely to hair and scalp every morning. When nearly dry rub a little of the unguent up in the hands and rub it well into the scalp.

◆ ◆ ◆ ◆ ◆

Addison's Disease: The peculiar anemia may be met by the addition of manganese to the iron salt that is given.

Addison's Disease: Stimulate the diseased gland tissue by giving euophen up to gr. v—x a day, or to toleration.

UNGUENT.

Lanolin.....1 1-2 ounces,  
Sweet oil.....1-2 ounce,  
Chrysarobin.....10 grains,  
Resorcin.....20 grains,  
Acid pyrogallie.....5 grains.

Mix thoroughly in mortar.

Direct: Rub well into scalp after using the tonic.

If a more decided coloring effect is desired, add ten grains each of sugar of lead and flowers of sulphur to the ointment, which may also be perfumed with a few drops of oil bergamot, or oil of rose.

T. W. WILLIAMS, M. D.  
Whitefish Bay, Wis.

—:0:—

A hair tonic is one thing, a dye another. Don't mix the babies up.—Ed.

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**AUTOINFECTION.**

I have just read in THE ALKALOIDAL CLINIC, Vol. 9, page 1199, your article: "Diagnosis Wanted."

Autoinfection pure and simple; the hardening or sclerotic condition is the *result* not the *primary lesion*.

Suggestion: Use colon flush, warm water one pint, without removing flush tube or permitting water to escape, follow with at least one pint of raw linseed oil, remove flush tube, turn patient on back, manipulate bowels thoroughly with your hands. This will clean the intestinal tract from ileo-cecal to anus. Let him rest half an hour, then put him into a Betz hot-air body apparatus, heated with gas, run temperature high as possible, to endure say 480 to 520 F., hold in this twenty-five to thirty minutes, cool gradually, bathe entire body in warm hamame-

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Addison's Disease: Glandular infiltrations, melt down under the long-continued influence of phytolaccin. Try it.

lis, rub dry with rough bath towel; rest another half hour; follow with thorough body manipulation; a good, solid, systemic osteopathic treatment. Repeat each second day for a week or ten days; then begin a systematic course of treatment with Roberts-Hawley Lymph Compound, injecting 8 to 10 minims special lymph subcutaneously twice each day, for eight to ten weeks, using the hot-air bath once a week and the osteopathic treatment three times a week.

This means hard work, Doctor, but it will relieve your patient.

JOHN S. MILLER, M. D.  
Aurora, Ill.

—:0:—

I hope others will tackle that diagnosis also. Don't leave everything to the editor. Thanks to Dr. Miller for opening out a little.—Ed.

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**CROUP.**

Does calcium iodized deteriorate by keeping? I had recently a severe case of croupous laryngitis in which I used a supply I had had for over a year, and while the patient recovered I did not see immediate results. Still, considering the severity of the case, retraction of the abdomen and oedema of the lungs, with cyanosis, I do not know but that after all the result should be classed as brilliant.

I have been lately following a suggestion of yours, to give sulphocarbolates in solution in typhoid fever; but whether it was the preparation that was at fault or not, I do not get inodorous stools and reduction of temperature as I did when I used the W-A tablets. Cases run four

Addison's Disease: Sometimes the evident fragility of the tissues, generally, indicates the need of calcium lactophosphate.

or five weeks instead of three, the average formerly. From a faithful trial in five cases, I shall hereafter use the tablets when I want a case to recover promptly.

It will soon be time to renew for *The Surgical Clinic*, and if you do not hear from me in time, do not stop it; for I get more good from the two CLINICS than any journals I have ever taken.

By the way, I saw not long ago a letter from a doctor in eastern Kansas, saying there was no typhoid in this State. Well! Maybe! But I am inclined to doubt his ability as a diagnostician. I think I could have shown him—if he is from Missouri—several in the last eighteen months.

G. A. GORDON, M. D.

Corbin, Kan.

—:o:—

Calcium iodized deteriorates on exposure to light and air. What you had was undoubtedly deteriorated. I would not trust any lot of it longer than three months.—ED.

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# HOME FOR A WAIF.

Meeting by chance a copy of the CLINIC, I write to ask you to put me in communication with the physician who wrote you under the head of "Temptation." As to the suggestion of being with her, of course I could render no assistance beyond the sympathy and comfort that only a woman can give. If she consents to follow your advice she will be sure to feel that love and tenderness that comes into every mother's heart, and it will be some comfort to know the woman who has taken the care and love of the little one whom she cannot keep with her now.

Until I hear from the doctor I will not

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Addison's Disease: Keep the bowels clear and clean, the nutrition and elimination perfect, absorbents active.

mention the matter to my husband, though I know in advance that if it will give me real heart pleasure, and help to fill the lonely place that our baby's death has caused, he will not object.

The query and reply struck me very forcibly, but what most attracted my attention was the unusual—and Christian—though difficult, advice given by the editor in response to the appeal. Possibly God intended I should see it, because of the help we may be to each other and to the unfortunate girl. I lost my precious little one two months ago, and my life is lonely without her. If the patient can be persuaded to follow your advice and things move in the natural order, I will take the little one for my own, or in trust, as the mother may wish. I am trying since God took my baby girl to live a Christian life; and to do something for Him. I am very fond of children, and have always been associated with them in the Sunday school and in my private life. If I can help this girl any by being with her in her confinement I will do so, of course accepting no remuneration. I write this letter right from my heart, believing that God prompts it, for my own little dead darling's sake, and for the sake of her who will feel the mother-love that she must ere long.

EMPTY ARMS.

—:o:—

I greatly regret that your letter did not come to me last August. The doctor wrote me that the lady took my advice. By this time, the matter is over. Permit me to say how thoroughly I sympathize with your feeling in the matter, and admire the offer made by you and the spirit which prompted it. In this great country there is a loving home awaiting every one of these unwelcome little waifs. If

Addison's Disease: It has never been shown that all cases are tubercular or hopeless. Never give up, but keep trying.



they could only be brought together, what a blessing it would be.—Ed.

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#### NEW FORM OF OPPOSITION.

I enclose a letter received by one of my patients which I consider an outrage on the part of the proprietor of the business, and the druggist or whoever it was who forwarded the name of the patient. We who dispense our own remedies have to stand all manner of abuse and backbiting, but it seems as if this were going a little too far. If this were a chronic case of some kind it might be different, but it is an acute attack of rheumatism and pericarditis, and I am in daily attendance upon her. If we allow such things to go unnoticed there will be no limit to their audacity, and it seems to me as if it were time to make some concerted effort to either stamp out such practices or have them decently regulated.

F. A. NORTHRUP, M. D.

Osseo, Wis.

—:o:—

The following is the letter to which our correspondent refers:

Racine, Wis., Dec. 8, 1902.

MRS. JOHN LOWE,

Osseo, Wis.

*Dear Madam:*—I sincerely hope that I may be pardoned for what might be, under some circumstances, considered an intrusion. I can assure you, however, that my motive is not in any way objectionable, and that what I have to say is of such nature that I sincerely believe you will, on investigation, become deeply interested in my unique and heretofore unheard of proposal.

By mere accident I happened to see a notice recently, printed in a paper pub-

lished in your vicinity, which explained that a member of your family was ill. The thought at once occurred to me that if you only knew about my plan of permitting the sick to use my remedies entirely *at my risk*—the whole expense to be borne by me—unless complete satisfaction was experienced, that you might avail yourself of this opportunity whereby you could obtain the advantages of securing a prescription prepared by a specialist of national repute, and do so without the risk of even a penny. It is not my desire to interfere with your family physician's plans. I only come to assist you, and incidentally your doctor if he meets with any difficulty in curing the case in question. It often happens that a local physician, having only a limited practice and experience, meets with cases that are unusually difficult for him to master. It is such cases that I particularly desire to know about. I much prefer to treat these more obstinate diseases, for it is here where a specialist obtains his reputation, which would not come to him if he were to cure a case of only ordinary importance.

Perhaps before my letter reaches you, the case will be progressing entirely satisfactory. If so, no harm has been done. There may be others in your vicinity, however, who are in sore need of such help as I am able to bring. I certainly will appreciate any courtesies you may extend to me, in calling the attention of any such to my offer, and I sincerely believe you will also secure the everlasting gratitude of any great sufferer that I may be permitted to cure, as a result of your kind offices. The enclosed books will make my most liberal plan entirely clear to you.

The druggist mentioned on the back of the book enclosed, will supply you

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Addison's Disease: Never give up a case as long as there is a single therapeutic idea not fully tried out.

Addison's Disease: In every case I have yet seen, obstinate constipation was a leading feature. Stretch the sphincters.

with my remedies on the guarantee. I will appreciate a few words of acknowledgement to my letter if you feel that you can grant me the time, and I will also assure you that it will afford me great pleasure to give you, or your friends at any time, the best advice I am able to extend concerning any case of importance that may occur in your vicinity.

I thank you in advance for the favors I feel you will gladly extend to me.

Sincerely yours,

C. I. SHOOP.

Racine, Wis.

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**PHTHISIS.**

In the December CLINIC we have three valuable papers on this subject. Never before was so much practical information brought together in so small a space. One of these contributions is by Dr. Hidden, who considers the disease as one of nutrition and irregular diet in youth. Another is by Dr. Fraker, who considers it as an invasion, and prescribes the injection of a highly nutritious and stimulating serum, prepared from the ever immune goat, rendered still more immune by artificial means; together with tonics, hygiene, hydrotherapy, dietetics, medication and inhalants.

The third contribution is by Dr. Taylor of Baltimore, who considers the disease one of nutrition with invasion, and prescribes cell foods as found in bran coffee, saline hydrotherapy, tonics, alteratives, germicides and cell vitalizers, also inhalants.

We are all agreed. When doctors agree there will be an advance. Now to make these valuable contributions practical, let me give in detail the treatment of an average case.



Addison's Disease: In two cases the typical symptoms presented, except that the cases ran on for over ten years, under tonics.

The first thing is the vital tonic, indicated by the quick and feeble pulse, and low condition of nutrition: Strychnine gr. 1-40 to 1-30, four to six times daily; attention to the cough, by a saline sponge bath once or twice daily; application of carbolized Epsom water to the thorax, or to the painful or tight spots as often as necessary to control pain and cough—constant application will do no harm; see that all cough syrups containing anodynes are entirely discontinued; give directions as to diet, making it light but ample and nutritious, consulting the appetite as much as possible; do not order anything impossible to get, nor discard anything you know the patient will have.

Second, the cell foods to supplement the diet and digestion, for more cell foods are demanded than the weakened digestion can supply from ordinary diet. This may consist of bran coffee at meals and between meals, and at some waking hour during the night; or instead of the bran the C. P. salts may be used, viz., calcium phosphate gr. 300, sodium phosphate gr. 20, magnesium sulphate gr. 20, potassium sulphate gr. 10, potassium bichromate gr. 3, water 100 teaspoonfuls. Mix. Direct: One teaspoonful every three or four hours when awake.

A diet of the whole grain flour, with fresh vegetables and fruits, will obviate the necessity of cell salts or bran buns to a great extent. I knew of a case cured with boiled wheat and ripe apples, no drugs used. The wheat furnished the cell foods required, and the apples the phosphoric acid, etc. The A. A. Co. make a tablet of calcium, potassium, nuclein and echinacea, used by Dr. Taylor in the place of the more cumbersome cell foods as above.

Third, medicines: Alteratives, germicides, palliatives, stimulants, etc. The

Addison's Disease: What would be the effect of nuclein and iron, quinine and strychnine arsenates, with clean bowels?

tablet made by the A. A. Co. containing cinchona, euonymin, copper phosphide, cinnamyllic acid, arsenic, strychnine, calomel, as used by Dr. Taylor, seems to be all sufficient. The unbounded faith we have in its makers rather inclines the writer to prefer it, though it is difficult to bring together so many drugs, without including one to which we would except; and that is my case as to the mercury. I would also prefer quassin to cinchona. Copper and arsenic should be in very minute quantities so as to get the tonic effect, not the germicidal. In calcium and magnesium sulphides we have germicides innocent, effective and congenial. Goat serum will be of benefit from the beginning of treatment to the end. The steam from hot vinegar is one of the best inhalants. For either constipation or diarrhea the A. A. Co.'s Saline Laxative is the very thing. Difficult breathing, smothering sensation, is relieved promptly by a pellet of glonoin, or better still by two of sanguinarine nitrate. All distressing symptoms are to be met as they may arise, by remedies which favor metabolism; anodynes, such as the coal-tar preparations, opium and its derivatives, belladonna and its derivatives, and all drugs which produce partial paralysis of nerve tissue, are against healthy metabolism and may be excluded.

In a case refractory to the foregoing treatment, by adding an appropriate stimulant, favoring digestion and metabolism, such as ammonium chloride, success was obtained when it seemed useless to hope. Do not worry about albumin in the urine any more than in the sputum. It ought to be there, for the kidneys should help the lungs to throw off the waste from perishing cells. The Epsom sponge bath will keep the kidneys and dermal glands cool and active.

There will be no hot journals in the human machine if this delightful lotion is used twice or more daily.

The effect of an Epsom bath is to put the skin in a glow, to equalize the circulation and bring it to the surface, filling out the shrunken and pinched tissues and smoothing out the wrinkles, and giving a sense of warmth and comfort instead of the prevailing chilliness.

All worry of mind and body is to be avoided; exercise in the open air is good, but must suit the case and never be carried to the extent of the least fatigue; the plan of walking until weary, then resting, then up and off again, and so on until a long distance is traveled, uses up the energy that should be directed to the cells for the work of rebuilding. Ventilation is another question requiring your best judgment.

When a substantial gain in weight is made success is certain. The same treatment that produces it will continue it, until the normal weight and strength are regained. The open-air exercise may be gradually increased as the strength increases, but never to the point of fatigue.

It will be remembered that the writer published his method of treating consumption in the September ALKALOIDAL CLINIC, 1902. And the above mentioned writers have contributed very materially thereto.

Now, sisters and brothers, can you add to or revise and perfect the treatment or contribute thereto? This is not a sermon, no fine rhetoric desired, only tangible points plainly stated, with size of dose and practical directions. **If you will do** so, in one year's time we shall all know how. It is a slow disease and we have all the natural recuperative powers in our favor; and when well understood it will be easy to treat.



Addison's Disease: What we need most is observations on cases of diseased suprarenals, not tuberculous.

Adynamia: Combinations of tonics do better than single ones, when the selection is based on good reasons.

As I understand it, from experience and the above mentioned authors, it is an error of nutrition, caused by a weakened sympathetic, which opens the door, prepares the soil, overcomes the natural resistance to invasion by several kinds of pathogenic microbes; making consumption generally a double disease, sympathetic enervation and invasion.

Please contribute of your real experience to this cause. If you fail to give dose and directions, the reader will put it down to suit himself, so don't fail.

How to treat consumption and kindred diseases successfully is well known today, but one man knows one part and another another. No one man knows it all. Now, we will put all the parts together and the victory is ours. Then we will have the drugs combined in tablets and granule forms, and it will be only necessary to dispense two or three kinds with plain directions to each patient, with an air of hope, and win success.

I notice that our editor wishes to know if saturation with calcium sulphide will not prevent the biting of Florida insects (chiggers). No, it will not, but sponging the skin from the knees down night and morning with Epsom water does prevent it. An all-night application of the same to the ulcers caused by chiggers, relieves the burning and cures the ulcer in a remarkably short time. If you are ever in doubt as how to prepare Epsom water, remember "16 to 1," though half that strength seems to be as good.

Carbolized Epsom is a better anodyne than morphine, chloroform, or ether. Epsom salts 1 ounce, carbolic acid 5 to 15 grains, to 16 ounces of water. Mix. For a lotion or application. The application to the upper part of the thorax relieves an irritative cough before you can

put the cork back into the bottle; but remember, the less carbolic acid or any other coal-tar derivative you use in consumption, the better. But it is better to use it than to let your patient suffer. Simple Epsom water will usually answer without the acid. It relieves pain, inflammation, swellings of all sorts (even dropsical), cools a fever and quiets nervous excitement, and is congenial to the organism, the *sine qua non* in tuberculosis. It feels good; other salines feel crusty and sticky, and make your clothes feel damp and dirty.

W. H. BURGESS, M. D.

Avondale, Tenn.

—:O:—

Dr. Burgess has developed an original method, and as far as we may judge by the meager reports sent us, it has merit. How much?—ED.

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PHTHISIS.\*

In answer to your question: "What is Tuberculosis," I will briefly reply. According to Dunglison: "It is the morbid condition which gives rise to the formation of tubercles." Tubercles are the adventitious, depraved and abnormal tissue-growths in which are encapsulated the bacilli of tubercle, an infective, slowly-multiplying vegetable mould growth.

These tubercles are "nature's prison vaults" so to speak, her object being the combating of favoring toxic blood states, the germs themselves or their produced toxins. That tuberculosis is an "infective disease due to the bacillus of tubercle," the universally accepted definition, is inadequate and misleading, because healthy lung tissue is so resistant under

\* Reply to circular sent out by the Ohio State Tuberculosis Commission.



Adynamia: Quinine is perhaps the quickest of tonics to cause increased strength; unless it is strychnine.

Adynamia: The iron preparations are only of use when anemia is surely present; otherwise they do more harm than good.

ordinary circumstances, i. e. so non-infectible.

A susceptible state, a toxicity of the blood and tissues, being a prerequisite to infection, a satisfactory definition of what is tuberculosis ought to comprehend its whole initiation.

Let us rather say tuberculosis is, first, a dyscrasia, due to a toxic state of the body fluids, blood, lymph, etc., then afterwards it is a degeneration of tissue and lagging of functioning of the organs affected, leading up to the susceptibility to the germ infection which constitutes the active form of the disease. However germ infection commences, it is thereafter more a series of auto-infection, prompted or hastened by the condition which produced susceptibility rather than any additional infection from without the body. Herein (this auto-infection) are to be found the relapses, which according to Knopf are to be feared. In fact, the whole process is mainly an auto or self poisoning one. Therefore the germs outside the living body are of little importance compared to those within. It therefore follows that the cause must be looked for in this acquired susceptibility and the prevention of tuberculosis must have more to do with the soil than with the seed.

The minds of the profession and laity are at present too much dominated by the idea of contagion. This susceptible dyscrasia and this toxicity of the body fluids are outgrowths of some lack of conformity of the living body to its normal environment. For the proof that that fault of our civilization lies in the deficient sun and defective air used by the living body, see my paper: "Devitalized-air Toxemia a Prime Cause of Tuberculosis," read before the London Tuberculosis Congress, 1901. This is sub-

mitted as a possibly convincing argument in favor of outdoor life.

The discussion simmers down to a question of education; and a state sanatorium for Ohio will only fill its highest mission when it is presided over by enthusiasts in this field, who are learned and skillful enough not only to investigate these obscure causes of disease but also to teach the profession and laity what is perfect ventilation and the value of healthful outdoor living.

This outdoor life is the important condition which must be incorporated in the answer to your sixth question, relating to employment for convalescents. As to the climatic question (the fourth), the argument incorporated in the enclosed paper on the "Preferable Climate for Consumption," stands unrefuted after its announcement over twenty-five years ago. As it is based upon the consideration of the attributes of climate without reference to locality, I advise you to apply its conclusions to the most desirable sanatorium locality you can choose in your State, and thus get these as near as possible to the ideal.

I suggest as your ideal plan to establish your reception and isolation departments (the latter for hopeless incurables), in such chosen locality in your state, and then establish a western rural branch of this sanatorium somewhere in Colorado, New Mexico, or Arizona, on a community ranch idea. To this latter the selected portion of your curables and convalescents could be transported, and these enabled to earn their own livelihood, and induced to live an essentially outdoor life, much like that of the western cowboy. This kind of a life is your best guarantee or insurance against "relapses." You will gather from other papers that altitude, as well as sunshine

Adynamia: Calcium lactophosphate is only of value when the tissue cells are fragile, with hemorrhages for instance.

Adynamia: When there is relaxation of the connective tissues, anywhere, give berberine gr. 1-6 every two hours.



and the unobstructed electrification of the air, are essential attributes of success.

CHARLES DENISON, M. D.

Denver, Colo.

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**PHTHISIS.**

I wish to thank Dr. Hidden for his common-sense article in the December CLINIC, the most helpful medical journal published in the United States. I am sure he is right in this matter, and that the only rational cure for consumption must be through a perfect digestion and assimilation of foods, thereby generating good blood, which of itself is a perfect antiseptic. In fact no disease can run long with a perfect digestion.

Fifteen years ago I cured myself of tuberculosis by fasting, baths and exercises, and in the past ten years have helped many other sufferers to do the same.

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**FLORIDA.**

In the CLINIC for November last appeared a paper by me on Atlantic City as a winter resort. I had just returned from that city, after an absence of ten years, and was most favorably impressed with the many advantages it possessed, which I had often proved during my residence in Philadelphia, when the seaside resort was a second home to me and many invalids by my advice resorted there and found benefit in consequence.

So far, so good; but in the article I made some comparisons with other resorts, that have been resented as unjust, my motives called in question, and even political capital attempted, I believe, by attributing my impressions to a resident of that State. This is my reason for averting to the personal element in the

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Alcoholism: The determination of why a man drinks reveals a remarkable diversity between the various cases.

Dr. Schmitz, of San Francisco, has written a little pamphlet on "Microbes," that should be read by every impartial-minded practitioner. It clearly shows the fallacy of the present microbe craze.

I believe that medicines as a "crutch" do wonders, but palliation is not regeneration, the latter only being attained by strictly conforming to nature's laws.

I have made a great hit with your Diabetes Mellitus granules. I think you are doing a great work.

F. G. DE STONE, M. D.

San Francisco, Cal.

—:o:—

The more closely we approximate hygienic living, the nearer we approach the physiologic state. But avoid a blind dependence on what is termed "nature," an intangible, illusive ideal, that is only an *ignis fatuus*, uncomparable to the light of reason.—ED.

matter, that would otherwise interest no one, and for my taking this means of clearing the matter up.

The kidnapping of the Mayor of Tampa does not seem to be considered an evidence of lawlessness by our correspondents, though to me it seems to justify that impression. But I waive this, as it may have been due to causes that would not affect the safety of visitors. In fact, the worst feature as to this charge is the letter published in the *Metropolis*, of Jacksonville, which, as it emanated, as I am informed, from the secretary of the Board of Trade, who was appointed by that body to reply to my article, must be taken as an official expression of that body until disowned by it. I have no comments to make on

Adynamia: When this depends on malaria or on sexual excess and debility, give cornin gr. 1-2 four times a day or more.

this letter; it is simply one bit of evidence as to the manners and ways of the Floridian. But lest this should be taken as representative of the people at large, I must add that in the whole correspondence with physicians elicited by this affair there has not been a solitary unpleasant word, nothing but a courteous, dignified endeavor to supply the information asked, to place before me what I wanted, the truth, as it appeared to each of the gentlemen who replied to my circular letter. And this should be taken as representative of the State rather than the hasty and inconsiderate expressions of an angry man.

I shall follow this order in the extracts from the letters received:

Replies were asked to the following questions:

1. Are consumptives welcome? 2. What is the lowest board at which you would obtain board for them? 3. Is the east coast liable to the storms that have made Hatteras noted? 4. Is the southwest coast safe for small parties and unprotected families? These questions were asked, and the same numbers will be used as referring to their answers. Some idea is given of the location of each writer, as bearing on his means of knowing of the subjects and his individual preferences; also when the town is on a railway the fact is stated, to guide those desirous of going there.

Alachua, north center, railroad.

1. Welcome. 2. \$4. 3. No. 4. Absolutely no.—J. C. Bishop.

Apalachicola, northwest coast.

1. No restrictions. 2. \$5 a week. 3. Not so liable as Hatteras. 4. Safe so far as I know.—J. D. Rush.

Bartow, center, railroad.

1. As welcome as anywhere in

Florida; never heard of one turned away. 2. \$3 a week. 4. After forty years' residence—no part of the State is unsafe.—A. B. Brookin, now of Lexington, Ky.

1. As welcome as other visitors. 2. \$4.50 a week. 3. Entirely free from storms. 4. All parts safe. Not a more law-abiding section in the United States. Winter is a dry season on the Gulf Coast of lower Florida, free from insects, sun shines every day; here thirty years.—F. M. Wilson.

1. Welcome. 2. No accommodations for advanced cases, requiring nurse. 3. Not liable to violent storms. 4. No part unsafe—this made me smile—rather consumptives went elsewhere.—J. A. Garrard.

Bowling Green, center, railroad.

1. Difficult to secure accommodations for advanced cases. 2. \$4, not first-class. 3. The east coast is of course exposed to all meteorologic disturbances prevailing on the Atlantic. 4. As safe as in any part of the world. Am well acquainted with south and southwest Florida.—R. S. Woods.

Braidentown, west coast, below Tampa Bay.

1. Welcome. 2. \$5 a week. 3. Not acquainted, think not liable. 4. No part of the southwest coast is unsafe.—F. C. Whitaker.

1. Hotels receive them; few first-class boarding-houses do. 4. Safe.—J. B. Leffingwell.

Brandon, west center, inland.

1. Welcome; rivalry to get them. 2. Not prepared to take boarders. 3. Never there; friends say east coast subject to violent storms, and in possession of insects, mosquitoes, sandflies, and a horde of nameless insects, all blood-thirsty and bent on mischief. 4. Safe as Northern Illinois here. Will not vouch for entire coast, as it is of vast extent, and the Yankee hater is yet extant. The climate is superior to any and all others for the cure of consumption.—E. D. Laing.

Adynamia: As a useful hematic tonic cerasein would be admirable if it could be obtained. Use Iceland moss as food.

Adynamia: To take up the slack generally, and stimulate every tissue and function, give strychnine with judgment.

Branford, north inland, railroad.

1. Yes. 2. \$6 a week. 3. No. 4. No.—A. D. Puterbaugh.

Bronson, north inland, railroad.

1. Welcome. 2. \$15 a month. 3. Very few storms on east coast. 4. I have lived on the west coast thirty years, never knew but one accident to unprotected families, and that by reckless young men who sought money without work.—W. D. Hicks.

1. Welcome. 2. \$15 a month. 3. No. 4. Safe.—S. Bean.

Buena Vista, southeast coast, railroad.

1. Welcome; very few here. 2. \$6 a week. 3. Very few storms, never in winter, as few summer thunderstorms as any place I ever saw. 4. Safe here; never lock doors at night; do not know west coast below Tampa. Our climate is lovely, people prosperous.—H. W. Martens.

Chattahoochee, northwest corner, inland, railroad.

1. Not desired. 2. \$15 a month. 3. Not liable to storms, climate lovely. 4. Few if any parts of the State are unsafe from violence, except in the extreme south, where Indians still abound, but are intelligent and friendly. Success with tuberculosis very flattering.—R. F. Godard.

Clear Water, midwest coast, railroad.

1. Welcome. Don't send people here to die, or those who should go to Colorado or Arizona. 2. \$4. 3. No Hatteras storms on east coast, but a much colder, rawer atmosphere than the west, and is not very suitable for throat troubles. The interior better suits consumptives, less damp, Interlachen especially good. Braidentown is too malarial. 4. Safe everywhere.—O. S. Whipp.

1. Welcome. 2. \$3. 3. No. 4. No.—J. L. Edgar.

Conant, center, lake region.

We treat all coming, well and kindly, but do not welcome the young from the close, damp air of the shoe-shop or office, who give a history of *La Grippe* or pneumonia within a year, waxy skin,

purulent sputa, sweats and fever. I should be an ingrate were I not to mention numerous cases of a different type, apparently as advanced in consumption, who have here regained a fair degree of health and whose lives have been prolonged for years by coming to this enchanted land of the long-leaf pine of central Florida. The majority of our neighbors came here helpless invalids, some of them bedridden, others suffering from hemorrhage, and they are now successful farmers, fruit growers, carpenters and machinists, capable of doing a good day's work. My consumptive mother lived here fourteen years in comfort and activity after giving up the struggle in northern Illinois. Ten years ago Dr. Ingals found consolidation of both my apices, cogwheel respiration over almost the entire right lung, and a serious throat complication with nervous prostration. To-day I am holding a country practice of eight miles radius, driving in all weathers. Fortunately our rainy season comes in the summer. Besides, I have all the care at night of my paralyzed father, in his 86th year. Do you wonder that I feel a personal affection for every pine tree, of the serried ranks that seem to advance in stately columns and march past me into the darkness of the night, or which proves its individuality by the seal of its tufted branches stamped in outline on my blue sky? The sawmill and the turpentine still furnish work and wage to the community since the transient cold waves swept through our orange groves like a conflagration; but I can scarce restrain the tears when I am called to drive through what was an Eden primeval, but which they have left a desolation of stumps and fallen tree trunks. Personally I am convinced, by experience both on the gulf and on the Atlantic coasts, that the salt air would make very short work with me.

I could find board for not too far advanced cases in private homes, at \$6 to \$10 a week, with all the comforts of home; those willing to rough it, hog, hominy and vegetables for diet, could

Adynamia: The most generally useful combination seems to be nuclein and arsenates of iron, quinine and strychnine.

Adynamia: When the essential element seems to be capillary relaxation, give hydrastine in doses sufficient to cure.

get board among the kindest hearted people on earth at \$3 to \$5 a week. Quail and dove are abundant, duck, deer and bear occasional, alligators plentiful but small, black bass and bream in our lakes. Our artist has painted 300 wild flowers, and the botanist has brought 100 varieties of mushroom, fifty of which he has sampled, from within a mile of the house.

On receipt of your letter I re-read the article in question—smiled softly—wondering what form of Florida lawlessness had been advertised to the world, and what sort of "varmint," white, red or black, shark, bear, alligator or rattler, was supposed to menace the safety of small parties in this section, on health or pleasure bent. We have them all here in the State. If any Floridian should attempt to prosecute you for your remarks on lawlessness, fling the Packwood and the Arms cases in their teeth; and then turn and search the records of any county in Illinois, for parallel cases; and conclude that the millennium has not come to any section of the earth yet, and that north and south the tendency is to make heroes of desperadoes and cut-throats.—Olive E. Worcester.

Crystal River, west, near coast, railroad.

I read your article in the November CLINIC, and while I see no cause for offense, I think there are some mistakes.

1. Consumptives do recover here; those in last stages had better stay at home or be prepared to do the best with what they get here. 3. The entire coast is quiet, the west especially so; living here nineteen years there has been but one storm sufficient to overturn a skiff; east coast has perhaps more wind but nothing like the Hatteras gales; is damper than here as the cold waves here are from the north and dry. It is colder here but drier. 4. Safe everywhere; a few sections are uninhabited. 2. Good board \$1 a day; cheaper, not so good. I came from Illinois with chronic cough and frequent hemorrhages and my health is completely restored. We have fine boat-

ing, fishing and hunting here.—J. D. Bennett.

Concord, northwest, inland.

1. Welcome. 2. \$10. 3. No; heavy storms rare. 4. No, indeed.—D. Paterson.

Conner, center, inland.

Here twenty-six years, malarial, almost no consumption, tuberculous and streptococcal cases soon die in this moist climate, houses not adapted for cold weather, few being plastered or ceiled, changes in winter 50 degrees in a day. 3. Storms in September or October, and not every year; none in winter. 4. Has been quite a migration of tough cases south in the last few years, and where they speak of a northern man as a foreigner, or an old Yank, one may infer they care mainly for his money. Here the only unsafe element is the negro, 95 per cent of whom have neither honesty, veracity nor virtue.—B. T. Liske.

Crawfordville, northwest inland, railroad.

1. Welcome. 2. \$10 a month. 3. No. 4. No. House-breaking unknown; doors never locked.—J. H. Hunt.

Dade City, midwest, inland, railroad.

1. No. 2. \$10. 3. No. The coast projection accounts for the condition at Hatteras. 4. No lawlessness; specially desirable for all reasons for people of means.—J. G. Wallace.

1. Welcome. 2. Well people \$4 a week; sick in proportion to needs. 3. Know of but one severe storm on the east coast in twenty years. 4. People live by themselves all over Florida and I know of fewer horrible things happening than in other states. Sick people without money cannot expect attention they could not look for at home without pay.—C. T. Seay.

Daytona, northeast coast, railroad.

1. Not desired, but welcomed and cared for. Except in the early stages I do not advise consumptives to come here. They must be able to live out doors. 2. \$7. After Jan. 10, hard to secure accommodations. 3. Storms are unheard of

Adynamia: Ampelopsin is a little-known remedy for debility, whose indications we would like to be told about.

Adynamia: In the debility of persons prone to alcoholism aristolochin has proved of exceeding value, above all else.

south of Charleston during the winter. In December, up to the 23rd, the winds were east, southeast, south, and southwest, thermometer 82 at noon, to 43, on 16th.

Dec. 23. 7 a. m., 44 degrees; 9 p. m. 55. Fair. Chilly breeze.

Dec. 24. 7 a. m., 45 degrees; 9 p. m., 52. Fair. Chilly breeze.

Dec. 25. 7 a. m., 42 degrees. 9 p. m., 54. Very pleasant. Balmly breeze.

Dec. 26. 7 a. m., 41 degrees; 9 p. m., 40. Fair, cold, but pleasant.

Dec. 27. 7 a. m., 26 degrees; 9 p. m., 40. At noon 48. Strong, bitter wind.

Dec. 28. 7 a. m., 32 degrees; 9 p. m., 45. Less windy and quite pleasant.

The temperature then went to 45 and 56 and has not been below that till this morning, 43; the highest 84, on 2nd, at noon. During this cold spell there was but one day when the invalid could not spend the day in the sunshine after 9 a. m. Since that we have had cloudy sea-fog several days. Still there has been no day an invalid would not find pleasanter out than in, except when raining. The Gulf Stream runs off shore less than two miles, which tempers the breezes all the year. 4. I have never heard that any part of the southwest coast is unsafe for anyone. I believe there is some smuggling of cigars and liquors, etc., carried on down there, and fishing parties may have been shot at or frightened in other ways, with no intention to injure. [!] But this is supposition. The whole people are anxious to have visitors and settlers and would in any community do everything to protect them. Our coldest days are invariably bright and sunshiny. We very seldom have a rainy one that the sun does not shine, and when we do it is in the summer or fall.—J. M. Jones.

1. Welcome. Should be in sanatoriums. 2. \$6, very plain, a week. 3. In no sense a stormy place, no more than southern Ohio. 4. Cannot tell.—G. E. Walton.

Deland, east center, inland railroad.

1. As welcome as elsewhere. Some will not take them as permanent lodg-

ers, especially if past taking outdoor exercise or caring for themselves. But where are such welcomed except at sanatoriums specially designed for them? 3. Very seldom. 4. As safe in the southwest as elsewhere in the State. Lions and tigers are extinct, alligators and snakes being rapidly exterminated. Indians, niggers and crackers quite docile and easily tamed and domesticated. The Stetson University here is affiliated with the great University of Chicago, and all our other interests are on an equally elevated standard. How I wish we had a great sanatorium or farm for consumptives. But you, like so many others, say: "Your State lacks the altitude, and the humidity hastens the destructive process." Well, theorizing with reference to these is all right, but when I see case after case of consumption cured right here in these pine-clad hills, I accept such material facts as much mightier authority than any man's opinion. They come here from east and west, when all but past redemption, and if they only stay for years instead of for months, they almost invariably recover. —J. MacDiarmid.

I have spent 22 winters in Florida, on the east coast and in the interior, coming from Chicago. 1. Last stage cases meet less cordial welcome than others. No organized opposition to them. I have yet to learn of any case failing to find a good home. 2. \$4 a week. 3. Not liable to storms like Hatteras, in winter. No place on the Atlantic coast can compare with Florida in winter. 4. That the southwest coast should be considered unsafe is a surprise to me. As safe as in Chicago. Many prefer the rolling pine woods of the interior, and do better there. Deland is 25 miles from the ocean, and while not heaven, it is a good place to winter in, for sick or well. We have some cloudy and wet weather, but sunshine is the rule. Advanced consumptives are not cured but made more comfortable; live longer and die easier, but had better remain at home. Catarrhs are benefited. —A. S. Munson.

Adynamia: In sexual cases, following excess or with impotence, aristolochin has proved highly effective.

Albuminuria: Glonoin relaxes arterial tension in cirrhotic cases, but the effect is soon past and requires quick repetition.



1. Everybody welcome. 2. \$6 a week. 3. No. 4. No.—G. W. Lancaster.

1. Many look with apprehension on the tuberculous, might rent them habitations but would not receive them into their own. 2. Yes, the whole coast of Florida is windy, in midwinter and early spring the winds are raw and chilly to frail people, but bracing and delightful to the strong and vigorous. Inland, one escapes this measurably, and I know of no safer place for person and property, nor a more quiet, dreamy or restful place for the aged and feeble, nor a more fitting in which to educate the young, than Deland; and I would never have left it but that the grim reaper left me alone in the world.—U. N. Mellette, now of Holdenville, I. T.

Eden, southeast coast, railroad.

1. Not desirable. 3. Occasional severe storms.—Mrs. Dr. T. E. Richards.

Emporia, northeast, inland.

1. All welcome; no discrimination. 2. \$4 a week. 3. Not very stormy winters; occasional raw cold east wind lasting two or three days. 4. Safe for small parties; very seldom anyone molested here; few bad characters, or negroes. Neither coast is deemed as suitable for lung diseases as the high pine land of the interior.—W. H. DeLong.

Eustis, center, lake region, railroad.

1. Always welcome, in my 23 years' residence here. 2. \$5 a week. 3. We have not the Hatteras storms here. The sand strips protect the Indian river settlements from what there are. 4. Safe as in any state in the Union. Of course in the "black belt" where the negro largely outnumbers the white, it would be undesirable for an invalid, but even there his life would be as safe as in Chicago. The best locations are, on the gulf, St. Petersburg and Clearwater; on the east coast, Daytona, Titusville, Palm Beach and Miami; in the interior, Deland, Ocala, Leesburg, Eustis, Sanford, Mt. Dara, Orlando; but there are still smaller places where good comfortable homes can be found among kind and

sympathetic people. I came here on account of incipient lung disease, over 20 years ago, was 31, weighed 104, now 135, have five children, all Florida crackers, all healthy.—G. Hutchings.

Fernandina, northeast coast.

1. Not welcome. 2. \$5 a week. 3. Northern coast is liable to bleak wind storms and not a suitable place for consumptives; the southeast coast is milder and better. 4. Safe.—W. T. Waas.

Fort Myers, southwest, near coast.

1. Welcome. 2. \$3.50 a week. Some do not like invalids, so that these get lodgings, and do light housekeeping. Others put up tents or build shanties. The rich do this from choice. 3. The east coast has many storms, bleak winds and fogs from the Atlantic but not as violent as at Hatteras. 4. All parts of the gulf coast are safe. Moved here from Illinois with family 18 years ago; wife and I both consumptive, all well in two years. The gulf is the hottest body of water in the world, 81 F. winter and summer, and the least liable to storms. The west coast is the best protected. Our bad weather comes from north and northwest, tail ends of blizzards. It is better for the sick a few miles inland than on the gulf. In 53 years I never saw a consumptive sent to Colorado get well. This air gives rest to the ailing lung, which is not obtained from thin or cold air. A warm climate and dense air, at the sea level, is best, free from dust and fog, with plenty of sea breeze and sunshine, where the sick may exercise every day without discomfort, as in hunting and fishing. Such a place is the gulf coast of Florida and on the bays leading inland. There is no better food than fat fish, and we have them to our hearts' content, as well as oysters and clams. Our air contains phosphorus, as well as oxides from turpentine, as Florida is a forest of pitch pine; also the fumes of iodine from the sea air. The temperature varies from 40 to 90.—L. C. Washburn.

Fort Pierce, east coast, railroad.

1. Never heard of a consumptive being

Albuminuria: With arterial tension, the quick action of glonoin may be prolonged indefinitely by veratrine.

Alcoholism: For incessant craving, give a teaspoonful of pepper in an ounce of whisky, and then let him eat ice.

excluded, though some hotels do not receive them. 3. Not particularly subject to storms; occasional blows in fall, none severe in eight years. 4. Most emphatically No. As law abiding a community on the lower east coast as in the United States.—C. P. Platts.

Gainesville, north center, railroad.

1. Welcome. 3. No. 4. No part of state unsafe. Dr. Robb came from Chicago 20 years ago, for tuberculosis and hemorrhages from lungs, weight 132; for years it has been 199. Died in Iowa last fall, after 20 years' country practice here.—S. L. Robb.

1. Welcome. 2. \$5 a week. 3. In 18 years have only heard of one or two severe storms on the east coast. 4. Safe everywhere; have visited all parts as agent of State Board of Health. The high pine lands of the interior are ideal locations for consumptives.—E. Lartigue.

1. Welcome; the Odd Fellows' Home and Sanatorium here receives others besides members and their families. 2. \$5 a week. 3. No. 4. No.—J. H. Hodges, ex-President Fla. Med. Asso.

Gilmore, northeast, inland, on river, railroad.

1. Welcome. 2. \$4. 3. No. 4. Never heard of any part of State being unsafe, in 15 years' residence. Too healthy here to make practice pay. Free from insects. Low temperature in summer.—A. T. Cuzner.

Green Cove Springs, northeast, inland, railroad.

1. Never heard of refusal. 2. \$5 a week. 3. No severe storms in nine years. 4. No.—C. B. Warren.

Hawk's Park, east coast, railroad.

1. Welcome. 2. \$5 a week. 3. Occasional September storms with high tides. Cyclones in interior. 4. Safe.—J. M. Hawks.

Inverness, west, inland, railroad.

1. Not specially invited, too damp; if they come they are welcome. 3. No. 4. Not that I know, unless from chills.—R. A. Warnock.

Jacksonville, northwest, inland, on St. Johns River, railroad.

1. Welcome, expected to comply with law of disinfection of sputa; no sanatoria of special provisions for them. 3. Exempt from storms, temperature even and moderate, very desirable for acute or chronic diseases. 4. Perfectly safe everywhere.—P. C. Perry.

1. Welcome. 2. \$4 a week. 3. No storms after September equinox. 4. Never heard of any portion being unsafe more than any other southern State where we have the negro menace. I am sorry to say that this seems to be increasing.—R. H. Dean.

1. I cannot truthfully say consumptives are welcomed. They are received in the smaller boarding houses and hotels. 2. \$7 a week. 3. No storms during winter. 4. Safe in any part.—C. M. Merrill.

Jasper, north, inland, railroad.

1. Welcome. 2. \$10 a month. 3. No; occasional severe storms, as the one that came from Curacao in 1896. 4. No. A Grand State, magnificent climate, needs more capital and push to develop it.—C. W. Tompkins.

Key West, southern, in gulf, islet, steamers.

Few come here, too expensive, too little diversion, poor food, dust storms and heat distress invalids. No public sentiment against consumptives. 2. \$10 a week. 3. The east coast is not liable to severe storms, but sharp winds are more frequent than on the west coast. The nearer to the Atlantic, the less fog. There is reason, however, for going inland, say, 50 miles from the sea. 4. The region about Jordan river, Shark river, Chapman's Bend, Flamingo, etc., in mainland of this (Monroe) county, is unhealthy for Key West wood gatherers, but perfectly safe for all other strangers. Fort Myers on the Caloosahatchee, in Lee county, is a charming place, but infected Anopheles are prevalent. No rational man who knows and cares for Florida has entered any protest against your November CLINIC article. Florida



Albuminuria: When uremia is threatened and hurry is requisite, a full drop of croton oil will get there quickly.

Albuminuria: If pilocarpine and picrotoxin eliminate well in uremia, muscarine and physostigmine might do so too.

covers too much geography for any one man to know all about it. At Estero, not far from the mouth of the Caloosahatchee, is the settlement gang, the Korshans, under the lead of Cyrus R. Teed, of Chicago. About all the harm to happen to a stranger there, will be to have to believe an extra dose of foolery. The coast is quiet, safe, and as a rule healthful, but transportation is not rapid until Punta Gorda is reached. The much advertised shames of Tampa are political, and do not concern the tourist or the invalid. It will be proposed by the State Health Officer to the State Board of Health, to establish at least two tent camps for consumptives — one on the east and one on the west coast — to be under State supervision, where treatment, diversion, etc., may be had at a nominal cost. It is thought that such institutions will be self-supporting.—R. D. Murray.

Levyville, west, inland.

1. Welcome. 3. One bad storm in 25 years. 4. The only unsafe place is around a turpentine farm; a drunken negro is bad. Florida cured me of a bad cough 25 years ago.—J. H. Claywell.

Live Oak, north, inland, railroad.

2. \$5 a week. 3. No, none in 20 years' residence. 4. No, decidedly no. I came to Florida 20 years ago from Missouri, a stranger and hopeless invalid, weighing 123½ lbs. I now weigh 230. Have not lost ten days from sickness in 19 years. Have been over every part of the State, and there are no more hospitable people on earth, or any easier to get along with.—T. S. Anderson.

Luanna, northwest, inland? (Walton county).

1. No objection. No boarding houses here — farmers. House cases die, open air dwellers recover.—J. F. King.

Mascotte, center, lake region.

1. Welcome. 2. \$5 at cottage sanatorium, and cottage rent. 3. None reported in 13 years. In Jacksonville and Miami I have found the winter winds

from the sea too raw and cold for the comfort of invalids—proofs are present.

4. No coast is safe for invalids—winds too raw. The interior is the place, on the high sand hills, among the small lakes and pines is the consumptive's home, and above all a cottage they call their own. Tourists object to hotels where consumptives stay. What you said is doubtless true as to fashionable hotels and in cities.—H. Rosenberg.

Madison, north, inland, railroad.

1. I do not welcome the consumptive; would not engage board for one except at a sanatorium for that disease. 3. More storms than the west coast.—D. H. Yates.

McMeekin, center, inland, railroad.

1. Welcome. 2. \$3.50 a week. 3. None since I came here. 4. Safe everywhere. McMeekin is on a high pine ridge 50 miles from each coast, the best location in the State for consumptives. I have spent five winters here, and it has done wonders for me.—A. W. Jenkins.

Miami, southeast coast, railroad.

1. Welcome. 2. \$4 a week. 3. One storm in 21 years. 4. No. No better place in the United States than the hills in Lake and Dade counties.—W. B. Rush.

I came here 20 years ago, and led an outdoor life, fishing, hunting, camping, practising in the country on horseback. My lung, from which I had coughed tubercles for years, healed readily, and except for a cavity I am perfectly sound at 63. The rainy season is from June to September, not the winter. I have never witnessed a single storm in five years on the east coast, winter or summer. One September we got the tail of the Galveston storm, but it did no harm. A year ago a phenomenal little cyclone struck the coast of Biscayne Bay. The east coast is the ideal country for the poor man to recuperate from lost fortunes. I know persons coming here without means five years ago who are now in easy circumstances. There are more cattle kings, more wealthy orange growers and shippers, and as many happy homes,

Albuminuria: When the loss of albumin is serious the French dosimetrists administer iron tannate as a routine.

Albuminuria: If anyone can tell us in what forms of nephritis, picric acid is useful, we will be glad to hear him.

below Tampa where railways and water communication has been established, than in any other part of the State. In 20 years' residence in Florida I have never seen a fog or a flake of snow.

Since contagion is so well understood consumptives are not welcomed in first-class boarding houses or hotels.—R. H. Huddleston.—Dr. H.'s letter is a tribute to his adopted State that we would gladly reproduce.—Ed.

New Smyrna, east coast, railroad.

1. Welcome. 3. No. 4. Safe.—D. Cowie.

Montclair, center, lake region.

1. None refused. 2. \$5 a week. 3. Protected largely by outlying sand banks, from the gales that sweep the outer beaches. 4. There are few States that do not contain parts unsafe for small parties, and doubtless there are parts, few and small, in Florida. Lived here since 1875. The elevated pine lands of the interior are salubrious at all seasons. The feasibility of remaining in the open air most of the time means much. Good hard roads are common. Cream is much better than cod-liver oil and can be had. The exhalations of the pines are better than the sea air. My mother came here for laryngitis and lived till 79. I like our summer weather better than the winter.—J. C. C. Downing.

Micanopy, center, inland, railroad.

1. Consumptives should come only under care of physician who provides in advance for accommodations. 2. \$6 a week. 3. The east coast partakes of the aerial disturbances of Hatteras. I tried it but moved to the interior. Consumptives avoid both coasts. 4. Perfectly safe from marauders everywhere. I came here thirty years ago in the last stages of consumption; weighed 113, now 190; have now no symptoms.—L. Montgomery.

Milligan, northwest, inland, railroad.

1. Welcome. 2. \$5 a week. 3. Not posted. 4. Safe. Consumptives should not be too near the salt sea. Tent in the pine woods, with open fire ranges to keep out the damp.—W. Edwards.

Milton, northwest coast, railroad.

2. \$5 a week. 3. Not acquainted. 4. Safe. We are thirty miles from the gulf coast in the pines, the ideal place for pulmonary troubles.—W. A. Mills.

1. Welcome. 2. \$5 a week. 3. No. 4. No.—H. E. Eldridge.

Myrtle, east center, inland.

1. Welcome. 2. \$14 a month. 3. Not known. 4. Safe. We are twenty miles inland from gulf.—T. C. Whitman.

Ocala, center, inland, railroad.

1. Welcome. 2. Usual rates. 3. Never heard of any storms. 4. Perfectly safe anywhere. Lived here twelve years. Consumptives must keep away from either coast. Very bad cases do well here in the pine forests.—J. M. Thompson.

Orange Heights, northeast inland, railroad.

1. No discrimination. 2. \$6 a week. 3. May be a little windy, no cyclone cellars known. 4. Safe since St. Patrick drove the snakes out of Ireland.—J. B. Curtis.

Ormond, east coast, railroad.

1. Welcome; advanced cases stay at home. 2. \$5 a week. 3. No. 4. Do not know. The pine woods are the best places.—G. M. Wallace.

Palm View, west coast (?) (Manatee Co.).

1. Have been welcome. 3. No. 4. No, so far as I know.—J. J. Dean.

Palatka, northeast, inland, railroad.

1. Welcome. 2. \$5 a week. 3. Not as stormy as Illinois. 4. No.—W. H. Cyrus.

Pensacola, northwest coast, railroad.

1. Same courtesy as in any civilized community; no desire to make this a tuberculosis camp. 2. \$20 a month. 3. Emphatically no. 4. No. In extreme outlying regions there are very primitive conditions existing, yet I have always received hospitality, kindness and courtesy from these people.

There has been so much said and writ-



Alcoholism: When an alcoholic does not bear small doses of strychnine well, be careful about increasing them.

Alcoholism: When the patient complains of his head after fair doses of strychnine, substitute brucine in same doses.

ten of Florida, its climate, topography, social conditions and healthfulness, by those who have rendered themselves perfectly capable of forming sound and accurate judgment of the subject in hand, by from two weeks to three months sojourn as winter tourists, flitting from hotel to hotel, or staying at some one of the places deemed especially desirable by the writers, that the public should be perfectly acquainted with all its characteristics.

Florida is varied in its climatic conditions, not so much in temperature—although this is not monotonous—ranging as it does from an occasional 28 degrees to 85 degrees as the extremes of winter, but in its humidity, elevations, not great but strongly affecting the resultant, and atmospheric properties.

Its high pine lands are full of ozone. Its hummock places are not desirable for the enervated, be the cause what it may. Its reclaimed lands are rich in humus, the debris of untold ages of vegetable evolution. It has 360 lakes of limpid water, varying from a few acres to forty miles in length. It has 1,200 miles of coast line, with temperate, subtropical and tropical scenery. Its fruits are the sweetest, its fish the finest, its vegetables grow all the year round. Yet it is not paradise.

Lest you might think me prejudiced, let me be personal, for a moment! I am an Illinoisan by birth, my *alma mater* is the University of Michigan. For fifty years Iowa was my home. I was surgeon during the Civil War, with Grant and Sherman. I have had ten years' personal observation of Florida's winters and summers, from Charlotte Harbor on the south to Pensacola on the extreme west.

To sum up these observations: The coast is an Eldorado to some, to others an injury. Its interior is beneficial to a larger class of invalids than any equal area of which I have any knowledge, if the locations are selected with proper discretion. I devoted four years to the study of its climatology. Have four daily records of observations of tempera-

ture, barometric pressure, direction and velocity of winds, amount of cloudy and clear sky, and also the vital statistics for all these years. I have seen venison hung up in the pine trees without salt or smoke, in July, cure without taint. Have observed that in the resinous pine forests, where the trees were tapped or the bark was abraded, the sap would ooze out and inspissate, and the dews and the rain would moisten this, and, the warm winds sweeping over would generate ozone; thus in Nature's alembic doing what we have learned to do in the laboratory. Then again, these resinous trees swaying in the winds, oscillate their fibers, and we have as a resultant, frictional electricity, giving us another factor in the production of that buoyancy so manifest in these regions. Are we learning from nature the good things in the healing art?

I have extended this letter far beyond the original intent. But I feel that there is so much misunderstanding relative to Florida, that the truth should be really known. There is such a wealth of undeveloped resources here; the best part of the climate is comparatively unknown, viz., the summer time. It has one of the best summer resort climes in the world.—C. F. Marsh.

Picnic, west coast?

This is thinly settled, no hotels, boarding-houses, or winter visitors. I doubt if they would be objected to. Occasional storms, not so liable as Hatteras. 4. Safe.—J. B. Mays.

Pomona, center, inland, railroad.

1. Not apt to come here. 3. Scarcely any heavy storms. 4. Never read or heard of any violence. Malaria is much talked of, but there is less than in many places north.—H. Learned.

Punta Gorda, southwest coast, railroad.

1. Welcome. 2. \$12 a month. 3. No. 4. Safe. Lived here twenty-two years.—J. M. Samuel.

St. Andrews Bay, northwest coast.

1. Welcome. 2. \$5 a week. 3. No. 4. Safe. I have read your article in the

Alcoholism: Glonoin causes a fullness in the head that makes alcohol unpleasant, and atropine keeps this up.

Angina Pectoris: *Cratægus Oxycantha* has recently been warmly advocated as a remedy for this affection; intervals.



November CLINIC and am free to confess I find nothing so very objectionable to your views set forth there.—W. G. Mitchell.

St. Augustine, northeast, railroad.

1. Not benefited here—not a case. 3. No. (Not for publication.)

St. Nicholas, northeast, inland, railroad.

1. Welcome, if provided with money. 2. \$1 a day, less on long contracts. 3. Strong northeast winds at times, but never any frosts with them; no frosts except with north or northwest winds. 4. Perfectly safe, except for rattlers and moccasins, and such pets that infest all warm climates. None are as venomous as reputed. The whisky is more deadly. Florida is a glorious State in the winter and only half bad in summer. I have been away for three years, now in Pennsylvania.—G. H. Van Deusen, Strattonville.

St. Petersburg, west coast, railroad.

1. Not refused as boarders. 2. \$7 a week. 3. No. 4. Safe here.—J. L. Taylor.

1. Welcome. 2. \$10. 3. No. 4. No.—J. H. Rowe.

San Antonio, west, inland, railroad.

1. Welcome. 2. \$7 a week. 3. No such repute. 4. Would consider no part unsafe.—J. W. Gatton.

Sanford, east, inland, railroad.

1. Early stages welcome; advanced cases stay at home. 2. \$5 a week. 3. No. However, consumptives want the interior. 4. Safe for people who behave and keep sober.—J. Bruce.

Sharpes, east coast, railroad.

1. Only welcome to sanatoria and homes of kin. 2. \$5 a week. 3. In August, September and October we are sometimes visited by the West India hurricanes. Hatteras gales do not disturb us. The tail ends of Northerners reach us sometimes. 4. Safe everywhere. I came here from Ohio in 1874, for tuberculosis, cavity in right lung; have lived, practised medicine and grown oranges here ever since. From 135 have in-

creased weight to 165. All consumptives are treated kindly; must observe the wisest care to prevent spread by contagious emanations. The open air is the base of all hope of recovery, and Florida is open air the year round.—G. W. Holmes.

Tampa, west coast, railroad.

1. Received with more toleration than in the north, but there is a growing tendency to avoid them from fear of contagion. 2. \$10 a week. 3. No; protected by the line of islands. 4. Safe. I speak from experience having practised her for seventeen years and been all over the State. I am acquainted with many who came here from the north on account of lung trouble, my wife and I among them, and the climate has cured nearly every one.—D. E. Saxton.

Tarpon Springs, west coast, railroad.

1. Welcome. 2. \$5 a week. 3. I think not. 4. No.—A. P. Albaugh.

Titusville, west, inland, railroad.

1. Welcome. 2. \$5. 3. No. 4. Not that I ever heard of. I came her for my wife's health, and now, after three years, she is a walking advertisement for Titusville. I investigated all localities before settling here, and have been most greatly satisfied; far beyond my expectations.—F. M. Taylor.

Vernon, northwest, inland.

1. No objection. 2. \$12.50 a month. 3. No. 4. Safe.—N. J. Dawkins.

Wauchula, center, inland, railroad.

1. Few come here, and they buy homes and settle with their families. 2. \$3 a week (?). 3. Think not. 4. Safe anywhere.—Y. E. Wright, J. M. Beeson.

West Palm Beach, southeast coast, railroad.

2. \$6 a week in winter, \$4.50 in summer. 3. Not one fourth as many storms as Atlantic City, by Weather Maps. None here in fifteen years. 4. Safe for cruising as Great Lakes.—N. S. Burnham.

White Springs, north inland, railroad.

1. Welcome. 2. \$12 a month. 4. Perfectly safe.—M. D. Hodges.

Angina Pectoris: The treatment of the spasm being non-sedative antispasmodic, remedies are innumerable.

Alcoholism: Give enough strychnine nitrate to tone up the relaxed nerves as a fiddle is put in tune.

Winter Haven, center, lake region, railroad.

1. Welcome. 2. \$10. 3. In a degree, but very much modified. 4. No. Will personally guarantee the safety and comfort of any such parties. Send along your friends.—F. W. Inman.

Monticello, northwest, inland, railroad.

1. Welcome. 2. \$12 a month. 3. Light gales only. 4. Safe.—J. J. Grant.

Quincy, northwest, inland, railroad.

1. Welcome, not desirable. 2. \$5 a week. 3. Left to residents there. 4. Safe.—J. W. Scott.

Trilby, west, inland, center, railroad.

1. Welcome if able to pay. 2. \$4 a week. 3. No. 4. Safe. I came here twenty-one years ago with pulmonary hemorrhages that had lasted two years in Texas and Mexico, and got well in a year.—J. M. Abbott.

Daytona.

1. Little trouble to find board unless too ill; some are benefited, some are not. 2. \$6 a week. I receive invalids in my home, \$15 and up, per week. 3. Weather pleasant, rather sudden changes. 4. Safe.—Jennie Brush.

Federal Point, northeast, inland, river.

1. Welcome. 2. \$4 a week. 3. No. 4. Safe.—C. A. Lattin.

Kissimmee, center, inland, lake, railroad.

1. Welcome. 2. \$5 a week. 3. Not entirely free; but two in eight years that did any damage. 4. Safe.—F. G. Thomason. Dr. Thomason gives a long list of persons who have recovered health in Florida, and names many affections besides phthisis that are benefited by residence there.

Jacksonville.

1. Welcome. 2. \$4 a week. 3. No. 4. Safe.—J. W. D. Clark.

Sorrento.

Little or no proper accommodations here. 3. Occasional, very seldom. 4. One never knows where and when the devil may pop up. Generally speaking



Alcoholism: The curative effect of strychnine is only secured from its continuous effect for weeks or months.

I should say, as safe in the towns on either coast as anywhere. Outside, in lonely country places, or around phosphate or distillery camps, where many low grade characters resort, less so; as occasional harrowing tragedies have been enacted, like the Parker incident, etc.—Chas. Nedskov.

A few extracts from Florida periodicals may have some bearing on the question of lawlessness. It must be remembered in making comparisons that the population of the entire State of Florida is about one-tenth that of Illinois, or one-fifth that of the City of Chicago.

"Circumstances alter cases, and the Tampa thugs and whitecappers whose famous 'deportation' act was once the admiration of the town, are now, alas! to be disposed of according to law. Mayor Milian, after being kidnapped, flogged and otherwise maltreated, has returned to West Tampa, where mass meetings in his honor are the order of the day. The majesty of the law is to be invoked, with the Hon. Robert McNamee as master of ceremonies; and as that versatile and accomplished politician is said to have taken off his overcoat, the worst is to be apprehended by Tampa's discarded and discredited vigilance committee."—*Pensacola News*, Nov. 17, 1902.

#### SHOOTING SCRAPE.

A man by the name of Edwards was carried to the Marine Hospital this morning to be treated on several severe wounds, he having been shot on Thursday last, on the mainland near Cape Sable, by Ed Daniels.

There has been quite a number of violations of the law in this section of the county lately, and Sheriff Hicks should organize a posse to go over and weed out the lawless element.—*Key West Inter-Ocean*, Nov. 22, '02.

#### MILIAN RETURNS.

Deputy Sheriff Garrett and Sr. Milian returned yesterday from Tampa and will go through to Havana to-night. What the object of their visit here is we cannot



Alcoholism: Atropine to effect causes a sense of fullness in the head that renders the effect of alcohol disagreeable.

say. A portion of Tampa is highly incensed over Milian's return to that city, and he probably is wise in leaving there until the trouble dies out. They will go through to Havana and will return to Tampa next week.—*Key West Inter-Ocean*, Nov. 18.

A study of these communications gives the following deductions: Excepting the statement that Florida was only intended for the millionaire, every statement made in the November article is confirmed by one or more of the physicians residing there; and yet the overwhelming weight of the evidence is to the effect that every one of these was mistaken; that Florida provides amply for the poorest consumptive, that they are welcomed nearly everywhere, that the east coast is not liable to the Hatteras storms, and that the west coast is everywhere safe to small parties and unprotected families. Which shows the enormous difference between taking the statements of single individuals and making a collective investigation as I have done.

But to the writer at least there has come an increase of wisdom, in the correction of other wrong impressions about Florida. The number of physicians undoubtedly tuberculous who have sought and found recovery in Florida is a revelation. We hear of these things in isolated cases, mainly from those who have an ax to grind; but this is different. Many look on Florida as a place for easy death; for those who have not the energy or the strength to force recovery in the Rockies; those who are too fond of the luxuries of life to give them up for life itself; and this has been practically my own view. But these reports put a different face on the matter, and show me that I have been indeed unjust to Florida,

far more than in the article in November.

In the next place, the superior advantages of the interior of the State, among the pine forests, has been shown in a striking manner. The writer had visited the long-leaf pine region of Carolina, and was favorably impressed with it as a residence for consumptives; but the development of this section of Florida is new to him. It will be noted that many physicians residing in the coast region advise patients going to these piny woods, which takes away even the suspicion of interested motives in the recommendation.

What we now need to complete this record, is some information from the Florida physicians as to what forms of phthisis are to be sent there. As long as they merely say, do not send the advanced cases, we get no information—nobody wants them—everyone from Minnesota to Arizona says to let them die at home. And good advice it is, too; but we want to know whether hemorrhagic, pneumonic, strumous, catarrhal, dyspeptic, laryngeal, rapid, slow, or what forms are best sent to each of the resorts in reach. For it seems there must be a choice, that some cases will do better in the Florida pines, others in the thin atmosphere of the mountains, still others at the shore, and yet others in the dry hot air of the Arizona sinks.

We still need more light, despite the fact that every work on climatology has somewhat to say on these topics.

One word more: The remark about the rains in winter did not refer to Florida, but to Louisiana, against which the writer can scarcely be said to hold a prejudice. But in Cohen's *System of Therapeutics* the map showing the rainfall credits southeastern Florida with 60

Alcoholism: Hyoscine is used to produce sleep but it is a mistaken idea of the indication and a dangerous remedy.

Alcoholism: The bromides are given with doubtful propriety for the horrors. Might try camphor monobromide gr. v.

inches (the rest of the State 50), the greatest in the United States, except part of Louisiana and the northwest coast.

WILLIAM F. WAUGH.

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#### PHTHISIS.

We have here an ideal place for a health resort, a fine location for an outdoor or camp sanatorium. Duncan is five miles from the New Mexico line, and about fifty miles from Silver City, N. M. Almost chemically pure water, constant sunshine, altitude 3,700, and plenty of room.

R. A. AITON, M. D.

Duncan, Ariz.

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I don't see why you want to divide up with anybody. Just start the sanatorium yourself. Put up some little one-man cottages of sheet iron and advertise them in the CLINIC. You will get all the patients you want. There is a firm here which makes little portable wooden houses, and you can have them shipped to you, just as many as you need.—ED.

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#### PRACTICE IN TURKEY.

The medicine sent by post came to hand and your letter followed it by three days. You, there in Chicago, who have your eight posts a day can hardly think what it must be to have only one good post a week. Such is it with us.

We have had an epidemic of tonsillitis, followed by scarlatina and diphtheria. Since my last letter we have been called upon to give up our little boy, who was just a year old to the day. He was a victim of scarlatina and so severe was the attack that he quietly passed away. As soon as the fever began we gave him the Trinity and calomel. But immedi-

ately, that is, on the second day, his temperature ran up to 106. To meet this we began the water pack, which brought the fever down to 104, but no sooner did we take him out of the pack, than again the temperature rose and this time it went up to 107 degrees; and wonder of wonders! We pulled it down from that height twice. But it was too much for his heart, and on the fifth day he quietly passed away. Of course we had to doctor our own boy for there is not one among the many native doctors whom we could trust.

Let me tell an incident or two to show their condition: The first was where my wife (who is the doctor here, having graduated at the late college in connection with the Women's and Children's Hospital, or Infirmary, New York City) prescribed calomel mixed with bicarbonate of soda. This prescription the druggist showed to the doctors, who claimed it was very bad and would result in a precipitate of mercury in the intestines, and so result in the death of the patient.

Again, there is always a fight on between our good doctor and the native practitioners over the use of strychnine, and they refuse to give it under any circumstances. A year ago the son of the governor of this province was sick with typhoid, and our doctor was called to go and see the boy, a lad of 12. He was a sick boy, too, and she said what she would prescribe, viz., strychnine, aconitine and digitalin with Intestinal Antiseptics. But the native doctors had never heard of such treatment, although they were graduates of some European medical institutions. The discussion lasted for an hour, but one against three and that one a woman. No! No! A week later, again she was called, and this time there were eight of these doctors. The boy was just about dead, but so great

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Alcoholism: Zinc phosphide gr. 1-6 four times a day may be given to restore nerve power and induce sleep.

Angina Pectoris: The most powerful and speedy agent to relieve the pain and unlock the spasm is glonoin gr. 1-250 every two minutes.

was her faith in her treatment (alkaloidal) that she begged them to use it for twenty-four hours, but the minority again was pushed against the wall.

It is galling to them to have a woman physician come in and get ahead of them. For our doctor does not care to practise, but she has the consular circle among her patients, and I've noticed that in severe cases she cannot well refuse. Just now the little girl of the British consul is sick with diphtheria, and Mrs. Stapleton met the city doctor there, as she had called him to administer the serum. He asked what she was giving, and said that calomel should not be given, and that strychnine should never be given, much less to a child. So you see how hard it is for one "to try and hustle the East."

There is a good field for eye treatment, but our doctor not having a diploma or permission from this government to practice here, and there being no hospital here, she does not attempt any such cases. Two of these doctors had to call our doctor to a case of "placenta previa," which she carried through in good style, but they forget in their anger what she has done.

And then after all, to lose our own little boy in so short a time. He had suffered more or less since his birth with indigestion, and had gained little in weight the first year, but the last two months he was gaining and had reached twenty pounds in weight. When he was taken sick we gave him the calomel and Trinity No. 1, every half hour at first. But as the fever crept up we gave the dose every fifteen minutes. The rash just covered his body from head to foot. At first he could not keep anything or food on his stomach, but of this he got better after the second day. He took his medicine as if he knew it was for his good, and he

was making a fight for life. Perhaps it was a mistake not to give calcium sulphide earlier than we did, but after that high fever we lost all hope, although we continued the medicine until the last.

So you see we have a little grave to decorate, and a few flower seeds would be acceptable. By the way, last July we ordered the two books published by you, "A Rebel Surgeon," and the "Trials of a Country Doctor." These were sent in the box, but the only thing that reached us was the bill for the same. The authorities at the customs saw the "Rebel" name, and said it was a very bad book, and so took it, or them.

Speaking of things prohibited: A friend who came to see us last summer bought Herodotus to read on the road up from Trebizond, as it is supposed this is the road over which he passed with the army back from Persia. But the authorities said it was very bad, and so it went into the fire. Another official in conversation with a traveler heard him mention about Herodotus passing through this city. It was the Governor, and he at once began to inquire who this Herodotus was, and when he was here, for he had not seen his traveling papers or permit. Such is the darkness that envelops us, although to see some of them dressed *a la France* you might expect to find better things than are to be found. But I must stop this breeze, and with you a merry Christmas and a Happy New Year.

ROBT. S. STAPLETON.

Erzerroom, Turkey.

—:o:—

I hear with deep regret of the loss of your son. The one lesson which has come to me in the treatment of septic fevers, above all others, has been the absolute necessity of seeing to the hygiene



Angina Pectoris: A hypodermic of morphine gr. 1-8 will usually relax the spasm and relieve the pain promptly.

Angina Pectoris: A hypodermic of atropine gr. 1-100 will relieve the pain and relax the dangerous spasm.



of the premises and surroundings. Next to this, intestinal antiseptics. Every reader of the CLINIC will peruse with deep interest this glimpse into the lives of the devoted men and women who are carrying to the ancient cradles of religion the light of American culture, the example of American lives, the knowledge of what possibilities to humanity America offers. Trusting that your next holiday season may be happier.—Ed.

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#### TYPHOID FEVER ABORTED.

I wish to report a case of typhoid fever; not that I will say anything that has not already been said in the CLINIC, but to give the treatment and duration of the disease. This case is only one of the many cases so treated by me with similar results.

Man, 30, previous health good. December 11, he gave the following history: For three or four days previous he had frontal headache, vertigo, malaise, sleep restless at night, pain in limbs, lassitude, loss of appetite, slight chills and chilly sensations, extreme depression, intense frontal headache, skin dry and hot, tongue coated with a muddy yellowish fur, small and pointed at tip, edges and tip red, thirst, slight nausea, pulse 100, temp. 104, sore and tender in right iliac fossa, slight gurgling, tympanites slight, constipation.

Diagnosis: Typhoid fever. Told the patient to take his clothes off and get into bed right away, as indications bid fair for a siege of from 40 to 60 days if treated after the old style. He looked rather crushed at this remark, heaved a sigh and gave me that far-off forlorn look that you all have so often seen.

Presently I told him that there had been a regeneration in therapeutics generally, and that I had learned in the past five years that there was some certainty in therapeutics, when the active principles of the drugs chosen were employed. I also added that I had for the first ten years of my practice used a shot gun, but for about five years I had been shooting a very accurate rifle, very small caliber but accurate, absolutely so; and since using this rifle the longest case of typhoid I had attended only reached twenty-one days. His countenance brightened. I had a good nurse (his wife) in this case. I told him that I was going to make a fight to abort the disease, or at least to shorten its duration.

I did not say, let the diet be of sweet milk alone. I will have to have some trouble referable directly to my diet list, before I restrict my typhoid patients to a strictly milk diet again. I used to do it. I hope I will get forgiveness for doing it.

For the past eight years I diet as follows: I order sweet milk to be sure, and to be given every three hours, about one-third of a glassful, also one egg, not cooked, but hot or cold as the patient prefers, this to be given daily; tomatoes in any form, either raw, fresh from the vine or cooked; animal broths (not soups); coffee in moderation not forbidden in every case; and in a few cases I have allowed "cove oysters" uncooked, just as they come from the can. I direct some one or a combination of the above articles of food at regular stated intervals; the quantity of course is to be determined by the condition of the patient, but I invariably direct one egg for the early morning meal. This has been my diet list for about eight years; and for the past year I have adopted also the

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Angina Pectoris: Any powerful stimulant by stomach may relieve; as ether, alcohol, capsicum, camphor, ginger, etc.

Angina Pectoris: A hypodermic of cocaine gr. 1-8 or more will promptly relieve the pain and relax the spasm.

fruit juices of our clever CLINIC editor, and with gratifying results.

I have yet to have my first case of hemorrhage or perforation of the bowels. I strictly forbid alcoholic stimulants, neither have I given a single grain of quinine in any form. Where the diagnosis is true uncomplicated typhoid, it is contraindicated. Since '95, after adopting this rule, I have little or no delirium. Occasionally a case presents slight delirium, which as a rule clears away quickly on the administration of gelsemin or gelsemium (I use the alkaloid exclusively now).

In this particular case I ordered sponge baths, which is my rule when the fever reaches 103; applied a turpentine and tallow stupe over the bowels, and let the patient take whatever amount of cold water (previously boiled and cooled) he might want, and ordered the nurse to keep the patient's linen as well as that of the bed scrupulously clean and disinfect the stools each time.

Gave the following prescription: Aconitine gr. 1-134, veratrine gr. 1-134, strychnine nitrate gr. 1-67, gelsemin gr. 1-134, of each twenty-four granules in as many capsules. Direct: One every thirty minutes for six hours, then every hour. Also W-A Intestinal Antiseptics twenty-four. Direct: One tablet every hour. I then moved the bowels by injections containing turpentine, and gave internally to begin with, calomel, ipecac and soda tablets, which were continued *pro re nata* through the course of the disease.

December 12, next day, at 9 a. m., pulse 78, temp. 101.8. Continued treatment but directed it given alternately every hour.

December 13, 9 a. m., pulse 76, temp. 102, bowels acting nicely, headache sub-

siding, very little pain in bowels, had slept four or five hours previous night. I substituted digitalin for veratrine in the prescription.

December 15, 9:30 a. m., pulse 90, temp. 102, epistaxis the day before.

December 16, 3 p. m., pulse 88, temp. 103, headache all gone. Directed bath as had been done each evening previous.

December 18, 3 p. m., pulse 78, temp. 102, typical typhoid rash on trunk and sides of neck, tongue dry, sordes. Epistaxis night before. Ordered spirits turpentine four drops twice daily, bowels doing fine and stools perfectly odorless.

December 20, 11 a. m., pulse 66, temp. 100, heart-action good.

December 22, 10 a. m., pulse 66, temp. 100.

December 24, 3 p. m., pulse 66, temp. 98.4, "hungry as a wolf." Dreamed of eating apple cobbler and many other good things. Patient bright and cheerful, not an ache or a pain anywhere. I told him the case was ended. I kept up the same treatment until December 26, when I called again, found him convalescing nicely. At 3 p. m., pulse 66, temp. 98.4. I prescribed nuclein, strychnine arsenate and digitalin, and kept up the W-A Intestinal Antiseptics, the last prescription sufficient to last forty-eight hours, and discharged the case with the usual restrictions as to diet, etc.

I called January 1 to extract a tooth for his wife. Found my patient dressed, shoes on and sitting by the fire. He had sat up most all the day before, and had been up all that day. It was then 4 p. m., and he was feeling A1. He informed me that some of the neighbors had said he did not have typhoid, for he got out too quick, was not delirious, etc. If this was not a case of genuine typhoid cut short, please let me know.



Angina Pectoris: Anything strong enough to bring the tears to the eyes may relax the spasm and save the life.

Angina Pectoris: The best remedy is the one that can be given quickest; so get up a hustle, and give undiluted.

I wish to say also that after I had blundered along for eight years, trying to practise medicine, I had about made up my mind to quit the profession absolutely; but about that time Alkalometry dawned on me, and I began very cautiously to investigate, and read the CLINIC. Now I find some satisfaction in the pursuit, although I am a junior in the class. I don't see how I could successfully practise without the alkaloids, and as for THE ALKALOIDAL CLINIC, it is indispensable; as much so as is a case wherein to carry the alkaloids. It is by far the most practical and helpful journal I have ever read.

THE SURGICAL CLINIC with age bids fair to be equally as good. Let the good work go on. The Twin Journals are taking the lead as a ready reference for the busy doctor.

R. A. PRICHARD, M. D.

Garner, Ky.

—:o:—

The case is in the hands of the jury. We have made our plea; we have said it all. It is to be decided in the final court of appeal, clinical experience of the American physician. If the treatment of typhoid fever by sulphocarbolates justifies our recommendations he will use it, till a better method is found; if the intestinal antiseptic theory prove lifeless, the sooner it is decently buried the better.—Ed.

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#### NEVER SAY DIE.

I enclose \$1.50 for which send me your special combination syringe, six tips, also 16 cents balance due on last 150 order which came to hand O. K. I have had some correspondence with F. A. Betz concerning the purchase of his hot-air apparatus also a static machine and

as this involves the outlay of considerable money I come to you for advice. Are his static machines as efficient as any? I like Betz. He is frank and I think cheaper than most. Again as to the expediency of such a venture in a city of 12,000, where there is nothing of the kind, by one that is 59 years old, but young in body and mind as when he began 35 years ago; who has had 30 years by the old method and five by the new, and who is enthusiastic in praise of the new; who, after having been chastened by experience, has learned somewhat his possibilities and limitations; who has energy and hope, a good home and practice here; who only asks health and opportunity to work; who has studied faithfully and finds the work congenial. Could such a one hope, by adding these things to his armamentarium, to gain a fair share of work and thus escape the arduous labor of a country practice over bad roads and much night work?

H. C., M. D.

—, Ohio.

—:o:—

Every day increases my confidence in the alkaloids. So uniform are the results obtained that to doubt their superiority over the old tools is to doubt the evidences of one's own perceptions. In diseases that under the old treatment were considered self-limited, so striking are the results in controlling the bad features and shortening the duration that these diseases, notably typhoid fever, have been shorn of their gravity and the doctor freed from the extreme anxiety and nervous tension occasioned by the long anxious waiting. These things seem now a horrible nightmare as I run over the past.

I believe that the Betz Static Machine,

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Angina Pectoris; Pain killer or Jamaica ginger will do, or whisky with camphor, or pepper, or turpentine; anything hot.

Alcoholism: The juice of oranges, lemons, grape-fruit, and probably all fruits, decreases the craving for alcohol.

Hot-Air Bath, etc., are as good as any in the market. The firm is reliable. I should think that the proper handling of an outfit of this kind in a small city like yours would be a profitable venture.

I have enjoyed your pen picture of yourself. Keep it up, Doctor, and when you are 80, be "80 years young." There is no way to keep down the ravages of old age except by fighting "tooth and nail." I am glad that you are in the right way and hope you will profit materially therein. Anything we can do for you will be done with pleasure.

We are glad to know of your increased interest in the alkaloids, and sincerely trust that you will grow in skill and knowledge in their use until there is nothing that can be accomplished with them which you cannot accomplish. With this armamentarium at your command (presuming that you will supplement with the Betz outfit) you will be a "host" indeed.—ED.

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### WHOOPING-COUGH.

We had quite an epidemic of whooping-cough in this city and vicinity last winter; and *La Grippe* being very prevalent, and also the confluent type of measles, these diseases developed as complications in some cases, rendering the disease hard to conquer. However, I did not lose a case, although bronchopneumonia and pleuro-pneumonia constituted some of the latter complications. To control the severe paroxysms, I gave Bromoform as directed by Hare, but was compelled to give double the usual doses, about every three or four hours. The effectual cough syrup in the great number of cases, I treated, and which proved the best I have found in eighteen years'

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Angina Pectoris: Nicotine and tobacco, and lobelin, have relieved, but they depress the heart dangerously.

experience, is compounded as follows:

Tr. cannabis Ind. (Merrell's). 1-2 oz;  
Hyoscyamine amor. gran. q. s. as  
per dose;.....;

Aquae dest;.....

Syrup Lacto-Codea, q. s...ad 6 oz.

Mix. Direct: Give half to one tea-

spoonful every one, two or three hours. If the cough is exceedingly loose, substitute tr. drosera for belladonna. This winter I prepared a substitute for Syr. Lacto-Codea, and find its action and appearance identical, yet not costing over one-quarter the price. It is prepared as follows:

Tr. cannabis Ind. (Merrell's). 1-2 oz;

Codeine sulphate.....gr. 16,

Aquae dest,.....

Alcohol,.....

Syrup tolu q. s.....ad 16 oz.

The combination given above possesses a very soothing action, being absolutely harmless.

J. H. L., M. D.

Neola, Iowa.

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### TAPEWORM.

At noon, Dec. 8, I gave a patient a heaping teaspoonful of Saline Laxative, repeated every two hours until midnight. At 6 a. m. next day he took two-thirds of a bottle of the Abbott Tapeworm remedy. At 8 a. m. he passed the worm complete, five yards long; having passed 187 pieces during the previous three days, each averaging an inch in length.

J. GRUENEWALD, M. M.

Worden, Ill.

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### CRATAEGUS OXYACANTHA.

We have used crataegus the past year in angina pectoris, and have found it the best in the whole list of remedies. We

Angina Pectoris: Anstie said that a full inhalation of chloroform would cause death; worth study and remembering.

have used Lloyd's tincture. It must be given in most cases in full doses to get any result in this dreaded condition.

We have also found cratægus of great value in other cardiac diseases, such as valvular deficiency, tachycardia, etc.

The CLINIC is the most practical medical journal we take, and it reads like a novel. May it ever prosper.

J. D. BENNETT, M. D.

Butler, Mich.

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### TYPHOID FEVER.

I have treated quite a number of cases of typhoid fever in the past summer and fall, from mild to very severe forms.

October 19, B. H. took to his bed; bowels had been active, pulse 100, temp. 103, tympanites marked. I gave him W-A Intestinal Antiseptic tablets, one every three hours. Diarrhea and tympanites soon under control. Continued till November 9, when I found his mother, 69, and nephew, 9, both down with same disease. I began Acetozone, 20 grains in a quart of water, giving two ounces every three hours. I had two mixtures made and kept them drinking the solution instead of taking the tablets. After giving for six days I saw no marked improvement in the steady course of the disease. Acetozone being exhausted I commenced on the W-A Intestinal tablets again, and with no other treatment all recovered.

In my consultations, and they are numerous, I recommend sulphocarbolate of zinc if there is diarrhea, the soda salt if stomach is sensitive, and the calcium if the malady is long-continued with much wasting.

From the above short sketch you will see that I rather prefer the sulphocarbolate to any intestinal antiseptic yet

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Angina Pectoris: In the intervals give an iodine remedy to carry away any debris that is yet removable from the heart.

discovered, and it is in reach of the poor.

R. G. WITHERSPOON, M.D.

Anderson, S. C.

—:o:—

Let us hear more of Acetozone. Don't write ads of it or of W-A., but plain, truthful reports that will point the true way.—Ed.

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### ECHINACEA.

Dr. Ball writes that Merrell and other firms send out literature on echinacea giving the experience of physicians all over the country with this remedy.

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### TYPHOID FEVER NOT YET ABORTED.

It seems that my article in the October CLINIC, "Typhoid Fever not Abortive," has succeeded in driving some of the lights from behind the bushes. If I can uncover the man that has the abortive treatment of typhoid fever and give it to the world, I am willing to receive all the slurs and epithets that may be hurled at me. I have heard it said that "the best apple-tree gets the most clubs."

I know that Pennsylvania is a great state and has produced some great men in the medical profession. It has given us Gross, Pepper, Wood, Agnew, Bartholow, and many other great men, but my October article has uncovered one greater than these. Indeed it is like the star of Bethlehem — it has guided the wise men to one that is greater than all, and that too in the rural valley of Pennsylvania.

Dr. Heilman, in THE ALKALOIDAL CLINIC for December, page 1223, seems to get the idea from my article that I am satisfied with my treatment, that I have

Angina Pectoris: My preference in the intervals is for arsenic iodide gr. 1-67 four times a day for months.



reached the acme of therapeutics. I cannot see how he gets that idea, for I do not make any claims to that effect. I know that I am far from it and I am not satisfied with my present treatment of typhoid fever. I have been a free user of zinc sulphocarbolate for the past six years, also copper arsenite, but for the past year have used more of the combination tablet of zinc, lime and soda sulphocarbolates. I do not use much of the coal-tar products. I have tried guaiacol carbonate and liquid guaiacol, but could not see any abortive treatment in them. I have used zinc sulphocarbolate and copper arsenite in other members of the family that were not sick, and yet they come down with the disease.

"While not the first by which the new is tried,

Nor yet the last to lay the old aside."

I have not aimed to be discourteous or ungentlymanly to my medical brethren as Dr. H. thinks. I aim to keep posted on advance treatment as much as my medical books and journals can give me. Perhaps the authors that I consult are not as up-to-date as the doctor from Pa. But you will notice in the doctor's article he does not give the medical profession his secret. It may be he is one of those of whom he speaks in his article, "who have valuable facts which, if known and used, would be the means of saving many lives; they are kept by honest competent men who have the good of their fellowmen at heart, and would willingly make them known without any hope of remuneration"—if it did not seem like "casting pearls before swine," and have them "turn again and rend you," by calling you "quack, fanatic or egotist."

Now, Dr. H., if you know of any



Angina Pectoris: Iron iodide may be a useful addition in cases where iron is indicated by the blood poverty.

weak-kneed brother who has a great secret in his bosom that would save many lives and fears to tell because some one might say "quack, fanatic or egotist" to him, go tell him he is not worthy of the claim.

Does the medical profession look upon Dr. Koch, the great German bacteriologist, as a "quack, fanatic" just because he has made statements that he cannot substantiate in every particular?

Does Dr. H., know that all great men have had to suffer for advancing a new truth to the world. Is it not a good thing that it is so, for if it were not so, how many false prophets would we have rising up and claiming to be the saviors of the world. Is this not true in the medical profession? How many times have we seen so-called cures for consumption proclaimed, but when put the test they fail to stand, and go down with the other so-called cures. I wish to show Dr. H., all due respect for his claim, but he has only made an assertion. You have not proved anything, you have not even given to the profession, your treatment. How do we know that you abort typhoid fever? You must first prove your assertion. If you have a treatment that will abort typhoid fever give it to the medical profession and let it be tested in the hospitals of Philadelphia, New York and Chicago. You will find some good and able men connected with those institutions "just as capable no doubt of arriving at a correct conclusion," as Dr. H., Dr. D., and will give your treatment a fair show.

You remember, Dr. H., it was but a few short years ago when a certain physician made the statement that he had the short-cut route on typhoid fever, and was given a chance to test it in the late

Angina Pectoris: Possibly gold iodide may secure some degree of absorption beyond that secured by mercury.

war, in the camps where there were many of our stalwart young men dying with the disease. You know the results.

Dr. H. makes the statement that I "seem to be self-satisfied, that I use myself as a standard and presume to know all that is worth knowing." Just notice now that Dr. H. says in his article: "My treatment of typhoid fever is satisfactory in every particular. I have thoroughly tested it during the past four years and I believe I am justified in speaking positively." Now, positive men are generally men of force. We all have heard of the man that was on the jury and disagreed with the other eleven, and said that they were eleven of the most stubborn men that he ever met in his life. The twelfth man was a positive man. Dr. H. says "there are men scattered all over this broad land, some of whom are just as capable no doubt of arriving at a correct conclusion as Dr. D., who know positively that typhoid fever can be aborted not only in its incipient stage but also when fully developed; not in one case only, but my experience during the past four years with about thirty cases justifies me in concluding that in all cases."

My dear Dr. H. what a great loss has come to the world in the past year in not knowing your treatment of typhoid fever. In the past eight months there have been thousands of good and valuable lives lost from typhoid fever because the doctors did not know how to treat it. Now Dr. H., in the name of the great God who has given you the light, and for the sake of your fellow men, will you not come out and give to the world "your abortive treatment of typhoid fever? Publish your treatment and let the medical profession at large test it, and if your assertion is true that you have a treat-

ment that will abort typhoid fever, you will be one of the world's great benefactors, and instead of erecting tablets to those who have died of typhoid fever erect monuments to the man that discovered the *abortive treatment* of that dreadful disease.

W. E. DODDS, M. D.

Richland, Ia.

—:o:—

Doctor, *can* you be convinced? Or has your mind crystallized in the opposite conviction?—Ed.

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### TYPHOID FEVER.

I noted in the December CLINIC a case or two of abnormally slow pulse in typhoid fever, which reminded me of a case of mine about September 9, at which time I saw it first. It lasted about six weeks, from premature feeding the twenty-first day, when evening temp. was 99.4.

Boy, 17, well nourished, pulse intermittent every four beats, no organic disease, rate about 60; and for two or three weeks, after strychnine had strengthened the heart till there was no more intermission, the pulse was never above 73, with temp. as high as 103.5; and usually 60 to 66.

I talked to another physician who thought it remarkable, but could get no good reason for it. At no time even after relapse, when temp. went as high as 104.5, did his pulse-rate exceed 90, and usually 84.

No complications, and barring relapse, course of disease uneventful.

C. A. GORDON, M. D.

Corbin, Kans.

—:o:—

These cases should all be recorded.—Ed.

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Angina Pectoris: The arsenates have the repute of hindering recurrence of paroxysms; quinine and caffeine arsenates.

Angina Pectoris: While the causal cardiac malady should be made out, it scarcely influences the treatment a bit.

# AMONG The BOOKS

*Medical Microscopy.* By T. E. Oertel, M. D., University of Georgia. 131 illustrations, some in Colors. P. Blakiston's Son & Co. Philadelphia, 1902. Price \$2.00.

On many accounts a very commendable book. We have looked through its pages carefully and we see no reason why the author should have thought even remotely that his excellent book might "afflict the medical public" as he prefaces it. We are one of that public and we are delighted with the author's successful work.

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*Obstetrical Nursing for Nurses and Students.* By Henry Enos Tuley, M. D., Louisville, Ky., Professor of Obstetrics, Kentucky University. Price, cloth, \$1.00 net. G. P. Engelhard & Co., Chicago, 1902.

This is a neat well-written short monograph. We hope the modern clean nurse will soon displace that "legalized mal-practitioner," as Dr. Cuzner called the midwife of Florida in a long-ago CLINIC. To the student, too, of the first year this booklet will be useful in introducing him by an extra physiologic process to the pathologic studies of disease.

✱

*Regional Minor Surgery.* By George Gray Van Schaick, M. D., Attending Surgeon French Hospital, N. Y., etc.,

etc. Bound in cloth. Heavy book paper, 226 pages. Profusely illustrated. Price \$1.50. International Journal of Surgery Co., N. Y.

The expression "minor surgery" is an inherited misnomer, especially so in its application to this excellent little book. There is no minor surgical operation, which improperly done may not become a major calamity; nor a major one properly done as we now know how to do it, but what is a minor affair.

The great value of this modest little book is its fresh personal experiences, such for instance as in hare-lip operations. The young practitioner will learn from this book many useful things which he did not hear of in school and the old one too may be pleasantly and usefully surprised by it. Glad too we are that the author speaks of venesection on page 77, but here we would suggest that the cut be made diagonally.

On page 19, too, we wish to remark from our own personal experience on ourselves that *in re* senile warty, suspiciously melanotic growths, close differentiation must be made. They can be removed with sodium ethylate, which does not cauterize but makes such growths to shrivel away after some weeks and months. Page 134: To the author's judicious remark that a patient with ingrown toenail might be profitably taught

how to pare it, we would add that the best way to do it is with a pointed nail-snipper, with which the paring may be done by degrees and time, to the very matrix, and avoid a minor (?) operation.



*A Manual of Dissection and Practical Anatomy, founded on Gray and Gerrish.* By William T. Eckley, M. D., Professor of Anatomy, and Corinne B. Eckley, Demonstrator of Anatomy, in the Medical and Dental Departments of the University of Illinois. In one octavo volume of 400 pages, illustrated with 220 engravings, 116 of which are colored. Cloth \$3.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This splendid "dissector," as we used to call it more than half a century ago, stirred up the writer's memory as seldom a book which he reviews does. He remembers the hours which he snatched between lectures and clinics and the long hours at night, aye, till midnight, when he worked on his part of the subject with his faithful English "Ellis" by his side, which described almost every cut we had to make, but never a drawing to illustrate and identify the carefully dissected parts we made by his directions. When we thus remember even the sacred minutes we spent in the dissecting room, where death contributed to my little knowledge of the mystery of life, we could not but congratulate the medical student of the present who has at his command (if he has the cost) such a "dissector" as the one before us. The large size of the page, the careful directions, the almost life-size pictures of parts, the close following after the hardly surpassable Gray and Gerrish, the tables and the surgical topographic hints just where they are

needed, all three make it the best dissector which ever came to our hands for work or reviewing. I cannot but repeat in writing what I exclaimed when I looked through the book: "Fine."



*Reference Handbook of the Medical Sciences.* Edited by A. H. Buck, M. D. Vol. V., New York, William Wood & Co., 1902. Price \$7.00.

This volume goes from I, N. F to M. O, S, and under these letters occur many most important subjects for the practising physician, both general and special. Like the preceding volumes which we reviewed, this one too is not a mere dictionary, but many articles in it are almost exhaustive monographs, to which the physician can turn for full information to date of publication. The illustrations are very instructive. If the work goes on with the same excellency to the end, the physician who reads English alone will have a work the like of which will rarely be found in any other language; and at such a comparatively small price.



*Morphinism:* The Mattison method of treating it.

This little book of but 34 small pages contains the experience of doctors of thirty years' practice of this specialty. Dr. J. B. Mattison deserves therefore to be heard carefully on the subject. We must, however, mention that Dr. Waugh's extensive experience in morphinism found Dr. M.'s method with sodium bromide in gigantic doses unsatisfactory, and he does not use it. T. D. Crothers too is of the same opinion.

The book is published by E. B. Treat & Co.



Angina Pectoris: Iodoform, gr. 3 upwards to toleration, is a good remedy for the intervals when fits recur often.

Angina Pectoris: Mercury biniodide gr. 1-67 seven or more times a day is often good with or before the arsenic.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

REPLY TO QUERY 3507: "Permanganate." In your reply to Query 3507 you speak of giving potassium permanganate after meals. As its action is due largely to oxidation, and as the moment it comes in contact with organic substances it is decomposed, I have always forbidden its administration after meals, to avoid all contact with organic matter. A mere crumb of bread dropped in a glass of solution, a grain to eight ounces, will almost immediately decompose the solution, showing that the medicine would act on the food and not on the patient.

W. G. S., Pennsylvania.

The emmenagogue action of potassium permanganate has always been obscure. The drug is necessarily decomposed the moment it touches the walls of the stomach and yet no other preparation of manganese has obtained any credit whatever in this affection. Some time ago a physician told me he had remarkable success with a remedy in treating phthisis, but just as his patient was apparently cured, hemorrhages spoiled the result. I guessed at once that the remedy was potassium permanganate and this proved true. If any one has ever noticed any other manganese salt causing hemorrhage I would like to hear of it. The evidence in favor of the per-

manganate in amenorrhea is too strong to be ignored. As the drug is necessarily decomposed in the stomach it must be the decomposition product that does the work, and other manganese salts should act as well. But do they! Does Gude's preparation "Pepto-Mangan" stimulate the menstrual flow?—Ed.

✠

REPORTS:—The case for which you advised apocynin is getting better. She is 51, and has not missed a period once yet, but is worse when unwell. It is the heart trouble that arises from the menopause that gives the distress. The other case is improving under berberine.

F. O. S., Kansas.

✠

REPORT ON QUERY 3439:—Took strychnine valerianate to full effect for three weeks, also an ounce of Urotropin, with no effect on urinary deposits of ammonia and magnesia. Fever still doing business at the old stand; temp. at 8 a. m. to-day 95.5, at 7 p. m. 100. Urine strongly alkaline, s. g. 1026 to 1028; no sugar or albumin. Changed to ammonium and sodium benzoates, alternating every three hours, and a No. 00 capsule of powdered pichi every four hours. This cleared up the urine and the temperature improved. I am taking six granules of xanthoxilin gr. 1-6 each every three hours; also a granule of atropine gr. 1-250. When the ben-



zoates are omitted for a day or two, the urine deposits as much as ever, and the reaction turns alkaline, while it is acid under the use of the benzoates.

I can get no help here, am losing confidence in myself, and hesitate when action is needed. I take ten drops of dilute nitric acid after meals, six granules of quinine hydrofer. gr. 1-6 each, quinine arsenate gr. 1-67, baptisin gr. 1-6 two granules. Tongue and mucous membranes bluish or purple, but little coat; blood dyscrasia; partial paresis of the vasomotor nerves, which strychnine does not reach. I attend to my practice, but with a temperature of 95 these cold days,

it is what Sherman said of War. Will you kindly advise farther?

H. C. B., Illinois.

How about taking benzoic acid instead of the benzoates. And I would suggest nitromuriatic acid instead of the nitric, taking five drops of the former, the strong acid not the dilute, before each meal. I certainly think there is danger of calculus forming. In some cases where strychnine has not proved as beneficial as was desired, I have found thebaine acting well. It might be worth trying in this case.—ED.

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**QUERIES.**

QUERY 3552:—"Backache." J. J., coal miner since large enough to dig, has had backache all over back from edge of ribs, extending down apparently near and around the sciatic foramen for a long time, under my care a week, at times better from my treatment with Betz dry hot-air, driving pain from loins and now only in the kidneys; after treatment very little tenderness on pressure over kidneys, left worse than right, before treatment could not stand any pressure over kidneys only to touch. Is 28 years of age, never had sexual intercourse or venereal disease, trouble dates back for three years, has been the rounds of specialists in Indianapolis, etc. I got hold of him through another man that had his back sprained and I cured it quickly with the dry hot-air, then this man came to me, but with no apparent permanent benefit, as he is unable to work in the mines, to stoop over, lift, etc.

The other doctors claim he had kidney trouble, inflammation of the bladder, etc. He describes no sensation but normal with the bladder at any time, no pain or discomfort there, all the trouble in the kidneys and loins; of mornings sometimes hardly able to get out of bed for pain in his back.

Quantity of urine in 24 hours 69 oz. Specific gravity 1010, slightly acid. A

great deal of whitish-grey sediment settling.

This is a poor fellow, but if I can establish my reputation on alkaloidal or other treatment in this case, I wish to do so as the case is famous around here. But if you think nothing can be done for him I wish to tell him so, and not have more to do with it, cannot afford to waste money in experimenting on this case just now.

Appetite has always been good, bowels regular and he thinks his kidneys have always been acting all right.

W. M. W., Indiana.

The very large percentage of albumin present, with pus and red cells, shows the case to be pyelitis; for which I would recommend arbutin gr. 1-6 every hour while awake, the bowels to be kept clear and aseptic, the diet carefully regulated. The treatment must be chronic. Examine the urine once every two weeks at least, better every week; and if there is a gradual improvement be satisfied with that. In all probability this man would be better for a full dose of hydrochloric acid with each of his meals. He should be exceedingly moderate in the

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Angina Pectoris: In some states of the circulation aconitine may even be indicated. Give most cautiously if at all.

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Angina Pectoris: A tumultuously excited heart may require the quieting steadying of aconitine or even veratrine.

use of meats and other nitrogenous foods. In fact if he is not decidedly improved in one month place him on the absolute skimmed milk diet as for Bright's disease.—Ed.

✽

QUERY 3553:—"Insomnia." What will produce sleep in a worrier, with mental symptoms from worry?

C. F. R., Illinois.

Insomnia and worry may be due to autotoxemia, whose treatment you well know. Cicutine hydrobromate is otherwise the remedy needed, or if there is any sexual irritability, cypripedin.—Ed.

✽

QUERY 3554:—"Malaria." Girl, 4, malaria since December 1st, fever up to 104 daily, stomach very foul, no appetite, constipated, nervous.

E. S., North Carolina.

Give this child an Eclectic Hepatic tablet at bedtime, a dose of saline laxative in the morning, intestinal antiseptics before each meal; and quinine arsenate gr. 1-67, berberine gr. 1-67, together every hour while awake. I think she can bear this amount of the arsenate, as with adults I have given a grain at a dose with impunity; yet I think the doses mentioned will be enough. Possibly a whole hepatic tablet would be too much for her. You know best. Half a tablet would be enough here, but I imagine that in your latitude more is required. If her alimentary canal is delicate, however, and this strong cholagog seems to you too fierce for the little child, give instead of this one-sixth grain of emetin, the tablet swallowed whole without any liquid. The child should of course be protected from mosquitoes and should use only drinking water that has been boiled, to prevent reinfection.—Ed.

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Angina Pectoris: In the lack of other means give hot coffee, or water, till the spasm relaxes and the pain lets go.

QUERY 3555:—"Constipation." Would it be safe to give the Anticonstipation granules to a child ten months of age?

J. H. S., Arkansas.

It would be safe enough to give the anticonstipations to a ten-months-child, but I would not do so, because you would have to divide the granules or give in solution and the aloes is too bitter. Calomel with aromatics, lobelin in solution, the addition of oil to the food, *quantum sufficit*, and dilatation of the sphincter if need be by the index finger, are generally successful with these little folks.—Ed.

✽

QUERY 3556:—"Bronchitis: Capillary." Of five cases of capillary bronchitis three died. Is this a good enough record? Can you give me a treatment that will save at least 50 per cent?

M. C. W., Tennessee.

In capillary bronchitis I would strongly advise the use of calcium iodized pushed to full dosage, with the inhalation of steam, Antiphlogistine to the chest, and either the Defervescent or Triad combination as needed for the fever, the bowels being kept clear and aseptic with calomel, saline laxative and the sulphocarbolates. Under this treatment I would not expect to lose any cases whatever.—Ed.

✽

QUERY 3557:—"Tapeworm?" A year ago a woman felt a "bunch" in her abdomen, took calomel and it disappeared; and she declares that from that day she has felt something crawling around in her bowels and stomach. Sometimes it comes up in her stomach and throat till she can push it back with her finger. Tried to get the city surgeons to open her stomach but for some inexplicable reason they refused. What is it? Lumbricoids? Snake? Any other animal?

P. C. S., New York.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

The sensations to which you refer may be due to disease or imagination, but you will not go wrong in giving her a vermifuge, which can do no possible harm and may do her a world of good. Lumbricoids may be over a foot in length. If they are present or any other abdominal worm, the eggs can be found in the stools.—Ed.

QUERY 3558:—"Vertigo." Man, 59, July 4 woke early with nausea, nearly fell as he arose, got to the bath-room but did not vomit, continued giddy, face and head red, difficulty in walking, cannot lift feet easily, trips, has fallen a number of times, cannot walk after dark, otherwise healthy, bowels regular, sleeps soundly all night, no traumatism or syphilis.

R. S. G., Maine.

This attack of nausea may have been due to an internal hemorrhage into the upper part of the alimentary canal, to indigestion, to nephritis, to autotoxemia; altogether I am unable to diagnose, even from the very lucid description given, but could possibly give you better advice were a laboratory examination made of the urine. If this is done the total amount for twenty-four hours should be saved and a specimen of the mixed product examined. The number of ounces passed should be noticed that the total elimination of solids may be estimated.

This patient probably has locomotor ataxia, or something simulating it from degeneration of the spinal cord.

Put him on eliminants, saline laxative mornings, intestinal antiseptics after each meal, and a strictly vegetable diet. No meat, tea, coffee or cocoa at all, and if the party uses tobacco or alcohol cut that off too. It is your only hope of success. Besides the remedies above mentioned, give a hypodermic syringe of nuclein solution once a week.—Ed.

Alcoholism: Caffeine causes fullness in the head, but its chief value is as diuretic, for which it is effective.

QUERY 3559:—"Amenorrhea." Swede 32, has not menstruated since coming to America two years ago; badly rheumatic, hands and feet swollen and painful, worse at night.

J. S., Iowa.

For this case I would advise senecin, gr. 1-2 to 1 before each meal and on going to bed, and continue at least a month; also aloin, from gr. 1-12 to 1-4 with each dose of the senecin, giving enough to keep the bowels regular. If the woman is anemic, Doctor, she should have iron arsenate in addition. This will clear out the rheumatism; but if not, add to the above gr. 1-6 of lithium salicylate every half hour except when asleep.—Ed.

QUERY 3560:—"Arsenic." What is an average dose of copper arsenite, and how can I know when the limit of toleration has been reached?

W. S. H., North Carolina.

When you have reached the limit of toleration of any preparation of arsenic you will have slight nausea or itching of the eyelids. Copper will cause nausea. This whole subject of arsenic was thoroughly and completely treated in a CLINIC some time ago, and I would refer you to that paper for the fullest possible information on the subject. I usually give copper arsenite from 1-1000 to 1-100 grain every hour, until nausea or itching of the lids occurs, then less frequently.—Ed.

QUERY 3561:—"Backache." What shall I do for a case of backache, due to a large quantity of urea and uric acid in the urine? Woman, 40, pain for years, worse in afternoon, in abdomen, over heart and in left shoulder, changes about, sometimes sharp, others dull, some headache, constipated, indigestion,

Alcoholism: When neuralgia follows the stoppage of alcohol, zinc phosphide gr. 1-6 four times a day will do good.

anemic. Anti-neuralgic granules help the pain some.

E. A. L., Massachusetts.

I would advise for that woman a morning dose of Salithia in a full glass of cold water, taken at least an hour before breakfast, with arbutin gr. 1-6 seven times a day. Please see, in the last January CLINIC, the editorial on backache, which may give you some hints.—Ed.

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QUERY 3562:—"Case-book." I want to see the Physicians' Accountant.

A. H. H., North Carolina.

Just one word in regard to the Protective Accountant: It is one of the few physicians' record books in existence that can be presented as legal evidence in the courts. You never know when this fact may come up.—Ed.

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QUERIES 3563-3570:—"Compatibles?"  
1. Can all alkaloids and glucosides be dissolved and keep properly in a solution of carbonate of ammonium? If so, would ammonium iodide added be all right?

"Horses." 2. As most all doctors use horses, would it not be well to have an occasional remark about the diseases and treatment of horses? Also how to select, care for and train horses? Could we not get some breeder to train horses as a specialty for doctors, saddle gait, driving, and to stand without hitching?

"Lungers." 3. How can we solve the problem of the far advanced lunger, so that he can get the benefit of climate? The hotels and boarding-houses do not want him, the other boarders object, and the lunger on his part objects to a sanatorium or to go to a boarding-house where any one is sick, saying that he has a slight throat affection and cannot go where there is consumption. It seems to me that individual cottages would be the best and only thing.

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Alcoholism: When the thirst for alcohol is due to catarrh of mouth and throat cocaine will relieve, but is dangerous.

"Anodynes." 4. How many "Infant Anodyne" pills will kill or poison a baby? What would be the best antidote? A baby twenty-four hours old took twelve pills during the night, slept about forty-eight hours and recovered.

"Vermifuges." 5. The best, easiest and safest dose of worm medicine that I have found is santonin. In twenty-three years practice I have given one santonin granule gr. 1-6 for each year of the child's age at a dose, three doses daily. Child 3 years old takes three granules, three times a day. Calomel added, and follow last dose with oil and turpentine. Could the "worm remover" granule be given in same dose?

"Antitoxin." 6. Please mention best make of Antitoxin, and how to get a fresh supply with little cost? Will a house take it back and replace with new as they do vaccine points?

"Hectic." 7. Please mention best treatment for night-sweats and hectic.

"Progress." 8. Can the CLINIC readers find better medicine than the Abbott Co.'s granules? If not, can they tell why all doctors do not use them? I have used them for the past and like them better each year.

C. W. H., M. D.

—, N. C.

1. The first query cannot be answered *en masse*. Each agent has its own peculiarities as to compatibility.

We would be glad indeed to print anything on the doctor's horse, but as to preparing it—have mercy on us miserable editors and don't suggest it. We have far more work than we have brains to do already.

The advanced "lunger" is in a bad way. Even in Denver it is practically impossible to get admission anywhere at less than \$25 a week, and people slam the door in the faces of patients with the money in their hands. How the 900 Denver doctors are to make a living we cannot see, unless they bestir themselves

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

and provide accommodations for the patients who flock there. The tent, of canvas or iron, seems the remedy. It may be banked up in winter so as to be kept warm enough, and on the removal of the occupant may be disinfected or burnt. Iron houses are sent out from England in great numbers, and they can easily be removed from place to place. A system of these, or of log cabins built of the long-leaf pine of the Carolinas, can be erected around a central administration building, so that isolation may be combined with due care, feeding, etc., without any special difficulty. It was told some years ago that log cabins could be erected in North Carolina for \$25 each. But the difficulty is that we talk of these things and do nothing. Stir yourselves; build a dozen or two of such cabins, and then let the profession know of them through the journals, and invite the "lungers" to come where they are welcome—and you will get them.

Infant Anodyne granules depend for their possible toxic action solely on the codeine, and may be measured by it. Do not give them in bulky doses, but one every ten minutes in hot water, and you cannot poison a baby with them.

We utterly refuse to reply to the Antitoxin question. It is out of our province. Were we to reply, you might turn to our advertising pages and see if the make we preferred was advertised in the journal—if so, you would discount our recommendation. If the others advertised, they would very properly discontinue their ads. Every man who uses antitoxin has his preference, and would stick to it regardless of our opinion. Excuse us!

For night-sweats and hectic, give calcium sulphocarbolate a dram a day; sub-

due the fever by the Dosimetric Triad of aconitine gr. 1-134, digitalin gr. 1-67, and strychnine arsenate gr. 1-134. Give agaricin in the evening, and restrain the tendency to fill up with water. Atropine is a powerful restrainer of sweating. Calcium lactophosphate is useful for colliquative cases, gr. xx a day.

Many physicians decline to test the alkaloids because they are suspicious of new ideas, because the "leaders" do not recommend them, because the results reported from their use seem too brilliant to be true, because the language seems strange and they feel that they might have to learn their lessons all over again; but the majority from sheer inertia are unwilling to get out of the ruts in which they have traveled so long. We look to the new men to carry this work into general use.—Ed.

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QUERY 3571:—"Diabetes." You prescribed for me arbutin gr. j three times a day, pilocarpine gr. 1-30, and the Anti-diabetes granules. I have taken them eight months and have mended wonderfully, but get so sleepy I have had to suspend treatment.

J. M. N., Arkansas.

Continue your treatment, which is evidently doing you good, and simply add atropine valerianate gr. 1-250 to 1-125, when you get sleepy.—Hope you will entirely recover.—Ed.

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QUERY 3572:—"Doctor Wanted." This town has always supported two doctors, and as one has left there is a good opening for another good one. If you know of any that will fill the bill, send him along.

J. M. CALDWELL, Davis, Ill.

Davis is in Stephenson County, near the Wisconsin line, about fifteen miles

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Alcoholism: The irritable stomach of the alcoholic may be relieved by cocaine in small doses—a dangerous drug.

Alcoholism: For dyspepsia with irregular or feeble heart-action, macrotin, gr. 1-6 to 1-2 every one to three hours.



from Freeport and twenty-five from Be-  
loit, on the Milwaukee & St. Paul Rail-  
way. It was credited with 455 in-  
habitants in 1890, and is in a rich agri-  
cultural section. There are no bad loca-  
tions in the black earth region of Illinois.  
—Ed.

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QUERY 3573:—"Enuresis." Boy, 4,  
diurnal incontinence of urine, following  
varicella a year ago; fat and hearty,  
periodic eczemas, prepuce long but not  
adherent, no trouble at night, rest does  
not help, has no control over bladder.

L. S. W., Kansas.

Give the boy rhus pushed cautiously to  
physiologic effect. The urine is un-  
doubtedly irritating in quality, and this  
should be examined and treated ap-  
propriately. The eczema undoubtedly  
depends on the same condition.—Ed.

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QUERY 3574:—"Exophthalmos." Last  
May I was called to a lady, 26, very  
thin, weighing 102, 5 ft. 4 in. high. She  
had suffered headache every day for a  
year. The only causes discoverable  
were constipation and a systolic mitral  
murmur. Treated for these without  
helping headache. For anemia she took  
Gude's Pepto-Mangan, but the headache  
persisted. Aug. 1, she had a severe at-  
tack of vomiting, and I then discovered  
an enlargement of the thyroid gland,  
which had been noticed ten years before,  
but had not been thought worth men-  
tion. Which goes to show that the only  
way to examine a patient is to strip her  
and go over her from head to foot. Two  
months later she had gained thirty  
pounds, eyes bulging, and so weak that  
she could not be up; pulse 140. Put  
on iodides, used iodine locally, for six  
weeks, without any benefit. Changed to  
strychnine and strophanthin, to quiet the  
heart, and iron, ergot and bromide zinc  
for the goiter. Since substituted digi-  
talin for the strophanthin, but instead  
of improving she is gradually failing.

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Alcoholism: For the tremors of alcohol-  
ism, or anemic epileptoid spells, picrotoxin has  
been recommended, gr. 1-134, t. i. d.

and looks now as if she might have gen-  
eral paralysis. I will use the primary  
faradic current, one pole at the nape of  
the neck, the other over the pneumogas-  
tric nerve, as recommended by Ham-  
mond. Her menses are very irregular,  
going four months at times. She is  
very despondent, and it is hard to get  
her to do her part. In fact, at times  
her mind is off. When her weight in-  
creased without gain in strength I put  
her on apocynin, as she was puffed up  
around the eyes and her feet swollen.  
The swelling disappeared under this  
treatment.

W. E. W., North Carolina.

This is a case of exophthalmic goiter,  
and will not respond to the treatment of  
the ordinary form. I would recommend  
veratrine to bring the pulse up to the nor-  
mal, with camphor monobromated for  
the headache, and splenic extract two  
grains three times a day as a direct rem-  
edy.

I would use picrotoxin if you find she  
does not bear veratrine well. The dose  
of picrotoxin should be from three to five  
granules a day, each gr. 1-134, cautiously  
increased if necessary. The splenic ex-  
tract you can obtain from Armour &  
Co.—Ed.

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QUERY 3575:—"Exophthalmos."  
Wife, 37, five children, exophthalmic  
goiter of fifteen years' duration, treated  
by three doctors with no relief; pulse 90,  
reduced to 80 on Anasarcin, weighs  
170, very dark, nervous, tongue red.  
Goiter is 6½ by 4½; very anxious to  
have it removed, but does not want to  
be cut.

S. D. W., Kentucky.

The remedies for exophthalmic goiter  
are veratrine to regulate the heart, and  
splenic extract, about two grains three or  
four times a day, which you can get from  
Armour & Co. The red tongue is cer-

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For further suggestions on these queries  
see the "Ad Index" in the advertising pages  
following.

tainly not malarial, and what you need is to subdue the irritability of the stomach. For this I advise manganese compound tablets, of which you should give one every hour while awake, keeping the bowels clear with anticonstipation granules. The atropine in the latter will tend to check the excessive secretion of hydrochloric acid in the stomach. The diet should be very carefully arranged, avoiding anything which irritates.—Ed.

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QUERY 3576:—"Gastric Catarrh." Man, 58, no teeth, habits moral, has steadily failed for two years, losing flesh and strength, weighs 96 instead of 160, height 5 feet 10; a bolter of food; illness began with depression, followed by stomach trouble, diagnosed as neurasthenia in hospital eighteen months ago; stomach sour, nux and HCl nearly killed him; eats breakfast of pancakes, dines on milk toast and raw oysters, and these do not sour; supper only by enema; laxatives, colon flushes, diastase, Bovinine and Celerina; constant spitting of mucus stained with food, lavage for acidity, nothing but mucus found, not much of that; when he vomits food comes as eaten; no cachexia, pulse normal, rarely slight fever, very despondent but tractable; lungs, heart and kidneys sound, urine scanty but on limited fluids, otherwise normal.

S., Kansas.

This seems to be a case of gastric catarrh with fermentation, and my advice will be based upon that diagnosis. Let him take juglandin gr. 1-6, silver oxide gr. 1-6, copper arsenite gr. 1-250, every two hours while awake. Whenever acidity is present add to the above lithium salicylate gr. 1-2 with each dose. As to his diet, give him food every four hours, in bulk not to exceed eight ounces, always warm, never a bit of cold liquid, using such food as you find agrees with

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Alcoholism: For tremors and epileptoid spells due to alcohol, zinc phosphide has been recommended in doses of gr. 1-6.

his stomach. Endeavor to get at least eight ounces of fruit juice into him every day. Insist absolutely on this rule, that he take fifteen minutes for the consumption of the eight ounces of food, taking it by the teaspoonful and chewing thoroughly every particle of it, whether solid or liquid. If the juglandin does not keep the bowels clear aid it by colonic flushing. It may well be advisable that with each feeding he takes a Caroid tablet, or a grain of diastase or papayotin, whichever agrees the best.

After one week of this treatment substitute for the silver one-half grain of zinc oxide and continue at least a month. If bad breath or belching indicate that the above is insufficient to control the fermentation add an intestinal antiseptic tablet to each dose.—Ed.

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QUERY 3577:—"Gastro-enteritis." Child, 14 months, taken Sept. 8 with vomiting and bowel trouble, diarrhea and constipation alternating, stools yellow or green, patient very thin, restless at night, feet and legs dropsic, fed on malted milk.

A. W., Kentucky.

Give the child juglandin gr. 1-6 and intestinal antiseptics every four hours. Wash out the bowel with warm water, in fact as hot as can be borne, once a day, adding one grain of zinc sulphocarbolate to each two ounces of the water. The child should have from ten to twenty drops of Sanguiferrin with each feeding.

I should very much like to hear from you as to this interesting case. If the child is very thin, it should be rubbed with hot cod-liver oil from head to foot every day.—Ed.

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QUERIES 3578-9:—"Headache." Wife, 34, aborted in 1893; menses tardy,

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Alcoholism: Profound debility and defective metabolism follow the disuse of alcohol; see to them or he must relapse.

hemorrhages after fourth day, hard to stop except by tampons, constipated, severe frontal headaches about periods, reaching paroxysm when hands get numb, lips numb and swollen, often general numbness to limbs, worst on left side. Vision often affected. Hot brandy toddy gives some relief. Much exhaustion follows, and free flow of clear urine.

"Amenorrhea." Maiden, teacher, regular till three years ago, since suppressed, no known reason unless overwork and lifting invalid. General health good, slight occipital headache with tendency to pull head back. Good color and strength, flow restored two years ago at coast under electric salt baths and massage. No flow now for six months. Doesn't know when time comes.

Q. E. F., Nevada.

The headaches are uricemic and auto-toxic, and require regulation of the bowels with a granule or two of podophyllin at bedtime and a sufficient dose of Salithia in the morning. If this is carefully attended to she will not have headaches. When she does have them, she should have evacuants, with hyoscyamine enough to slightly flush the skin. You had better use the tampons for the hemorrhage, giving hydrastinine gr. 1-12 every four hours during menstruation. It seems probably that some uterine disease remains from the abortion and this should be treated. Very likely you will find some degree of subinvolution, requiring berberine a grain a day internally; or endometritis requiring Euarol applications.

In the case of the young lady I would advise sanguinarine gr. 3-67 and senecin gr. 3-6 before each meal and at bedtime, continued from three to six months. The bowels must be kept regular with aloin, which I would give in three or four

daily doses, very small ones indeed. Probably a single granule gr. 1-12 four times a day would be enough. If the girl is anemic she should have iron arsenate in addition, and Sanguiferrin to restore her blood. I think this is a very important case and that the flow should be re-established as quickly as possible, otherwise she is liable to meningitis.—Ed.



QUERY 3580:—"Hygiene." Please recommend a good work on school architecture, as relates to the health, etc., of the pupils. Is climbing two flights of stairs several times a day too much for girls of 14 to 18?

E. C. J., Iowa.

I think you will find what you want in Egbert's Hygiene & Sanitation, published by Lea Bros., of Philadelphia and New York. It has a special chapter on school hygiene. I would be sorry to think that American girls were so weakly that climbing two flights of stairs would be too much for them.—Ed.



QUERY 3581:—"Muscular Twitching." Certain muscles of my face or eye jerk occasionally, and before I know it I am in the midst of a peculiar spell. I feel as if I would lose consciousness, and as though my head swam. Just in a minute I jump, and use every effort to avoid a return. I get frightened to think I must be tortured by such a trouble as this, and will be down some day unless you can help me out. My jaw seems stiff, and my tongue gets in the way of my teeth; sometimes my jaw snaps shut; it made me bite my tongue. For three days I never felt it, and just now I was talking and felt as though two flashes or waves of heat went from each ear to the vertex, and as they met everything was over. I jumped forward and looked excited. So sudden no one



Alcoholism: For the gastric catarrh the oxide of zinc is a very effective remedy; a grain every two hours.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

saw it. I am lithemic by inheritance. Spells come when working mentally.

J. H. N., Pennsylvania

My remedy is picrotoxin, gr. 1-134 three times a day, and increase up to seven daily doses if necessary. This medicine has been very little used by the profession, but recommended warmly for just such nervous manifestations as you describe. I want you when it reaches you to especially read the editorial in the February ALKALOIDAL, describing a certain duck-shooting trip in the West, and feel that every word in it is directed to you personally.—Ed.

P. S.—A later report tells me the doctor has found benefit from the treatment suggested. I wish our neurologists would aid with their advice in this case.—Ed.

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QUERY 3582:—"Nephritis." I have a case of interstitial nephritis, where uremic symptoms are appearing; especially dizziness and headache, pain in back of neck. Used glonoin with little effect; now on Saline Laxative, apocynin and cicutine, and will try veratrine. A man with a good appetite, about town; had severe uremic threatenings a month ago, symptoms typic.

R. L. C., Indian Territory.

By all means keep this patient on veratrine, as much as can be borne, and meet uremic symptoms with a full dose of pilocarpine, keeping down the toxicity of the urine by a diet as free from albumin as possible.—Ed.

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QUERY 3583:—"Nephritis." I send sample of urine. My wife has irregular heart, resisting treatment. She is 64, weighs 200, had pneumonia three times in fifteen years, otherwise best of health though easy to catch cold and constipated. An occasional cathartic pill does

better than salines. Now requires enormous doses. Pills of podophyllin, nux, capsicum and hyoscyamus cause pain in sigmoid. Sometimes passes much pale urine. She does not complain, but I notice she gets short of breath and has to walk slowly. Tires quickly. Parents lived till over 80. She has lots of grit. All consultants are at sea and remedies are useless. Always a hearty eater.

W. P., New York.

The difficulty here is relaxation of the gastro-intestinal musculature, and to some extent of the heart. The remedy is berberine, about a grain a day, continued for three months at least; and to give quicker relief add for a few weeks apocynin gr. 1-12 before meals and on going to bed, increasing the dose or doses until satisfactory action of the bowels is secured. The diet should be that suited to her age, moderate in quantity and quality, thoroughly masticated, and always excluding cold beverages with or near the meals.

The examination of the urine showed the presence of a large amount of albumin. As far as the treatment is concerned this will make no difference, excepting to add arbutin gr. 1-6 to each dose. Also take into consideration the question of placing this patient upon the exclusive milk diet. If you have Waugh's "Treatment of the Sick" you will find in it complete details as to the technic. If you haven't the book, by all means get it at once.—Ed.

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QUERY 3584:—"Neurasthenia." Please suggest alkaloidal remedies for the following condition: A young woman given to self abuse for many years, is nervous, weak, has irritable spine, sleeplessness, constant sexual desire, memory poor, etc.

M. A., Michigan.

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Alcoholism: The oxides of zinc and silver are said to relieve the gastric catarrh, the tremor, and craving for rum.

Alcoholism: A hypo of apomorphine gr. 1-10th, will empty the stomach; but the pump is better and much safer besides.

My suggestion is cypripedin, from gr. 1-2 to 1 before each meal and at bedtime; also a saline laxative, of which she should take a small teaspoonful in a full, large glass of very cold water immediately on rising, and not eat her breakfast for at least one hour after taking it. The latter I advise because young women are nearly always constipated, and this condition induces a morbid excitability of the organs in question. The action of cypripedin is to check the sexual impulses, at the same time storing up the nervous energy, so that it is increased and more active when the time comes for the legitimate exercise of the function. I am in some doubt as to whether this exactly meets the condition of your case. If marriage is in contemplation, it is exactly right. There are other remedies which are more powerful, and more directly paralyze the sexual apparatus, such as calcium sulphide, which, if taken until the breath or perspiration smell of the drug, completely holds the function in check, but this action can only be kept up for a week or so without injury to the individual. The bromides paralyze the sexual power without interfering with the appetite, but their effect is disastrous upon the nervous system, and what I have seen of the unfortunate women who have been dosed to saturation with bromides, renders me strongly averse to its use; in fact, I doubt whether any remedy which paralyzes the sexual power can fail to seriously impair the vitality by so doing.

It is possible that this case, instead of any sexual sedative, would be benefited by the powerful vital stimulus of strychnine arsenate and nuclein, which I should unhesitatingly advise instead of cypripedin, if a speedy marriage were forth-

coming to afford the girl, a legitimate outlet for her natural desires.

The Saline she should have in any event. Finally, let me suggest that these cases are sometimes due to irritation of the genital foci, by discharges from the uterus or vagina, by seat-worms, etc. Cold water ablutions twice a day should be used, and the correction of any such discharge as I have mentioned should be seen to; in fact, you must pardon me for referring to this, which you have probably attended to before this, but so frequently are such obvious causes of the irritation neglected that I look upon these girls as often apt to be more sinned against than sinning.—Ed.

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QUERY 3585:—"Obesity." Mother, 33, little pain at menses but scanty, urine scanty, 5 ft. 5 in. high, weighs 208 pounds, gained seventy-five pounds in three years, wants to lighten if it can be done safely. Thinks she would be better if flow were freer. Wants more children. Quite fond of good eating.

H. W. B., Canada.

I fully agree with the lady; and take the liberty of sending you a reprint of an article on the treatment of obesity, which is exactly applicable to her case.—Ed.

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QUERY 3586:—"Permanganate." Can the tablets of potassium permanganate be used hypodermically?

I. T. R., Louisiana.

The tablets of potassium permanganate can be used hypodermically in cases of snake-bites, etc., but I guess they would hurt; in fact, I would try them on the dog first if I were you. Dr. Epstein says they would leave an induration and destroy the tissue in which they came in contact.—Ed.

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Alcoholism: The man who takes hold of the treatment of alcoholism in earnest will go over a whole lot of ground.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.



QUERY 3587:—"Small Doses." I have your "Treatment of the Sick," and can truthfully say it is the finest thing of its kind I have been able to obtain. It has always been my aim to be in the front rank, and as I have had no experience with the alkaloids, I want to know if I can rely on the doses you give. For instance, sanguinarine and anemonin, gr. 1-67 each, etc.?

I have a case of *petit mal*, a very bright boy of 9. Family history good; first fit a year ago; grows worse under bromides and Fowler's solution; never falls, but becomes unconscious for a few seconds, eyes roll, low muttering; may have four within an hour, while at play. Gluttonous as to sweets, complains of stomach and bowels at times, wakes from sleep in fright, grinds teeth, urine seems normal.

W. S. G., Indiana.

In regard to the little doses of sanguinarine and anemonin, they are intended for administration every fifteen to sixty minutes, until an evident effect is obtained, which may be relief or otherwise. You will find that this requires about as much as the old-fashioned doses, but enables us to exactly regulate the dose to the need in each particular instance, which cannot be done by giving the larger doses at long intervals. In regard to anemonin, I have carefully studied the "regular" literature, and found that in the large doses recommended it has not been found desirable. The Eclectics, giving very small doses, have found it beneficial. I would therefore recommend the small dosage until we know better.

In regard to the case of *petit mal*, I would recommend first a "microscopic" examination of his entire body, for the detection and removal of sources of reflex irritation. Next, the exclusion of salt from the diet as rigidly as possible.

Alcoholism: The treatment of acute cases is by elimination, not narcotics or food. This means delirium tremens.

Third, verbenin two granules three times a day, and every time he has a fit adding another daily dose. Finally, there is an anti-epilepsy granule on the list, composed of atropine and glonoin, which rapidly and powerfully dilates the cerebral vessels, thus exactly opposing the first stage of a fit. If the child carries these and takes one when a fit comes on, or keeps under the influence of them during the "fitty" period, they will do great good. In your case I would especially look to the alimentary canal as a source of reflexes.—ED.

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QUERIES 3588-9:—"Ulcer: Intestinal." Maiden, 52, no trouble at menopause, always ailing but able to work; for two years has had morning diarrhea, relieved by pepsin and tonics; since July has cramps after meals, especially if she eats fruits or vegetables, coming two hours after eating, beginning on right side below pylorus, ending with vomiting, food not sour but partly digested. This rarely occurs if on meat diet. She is very thin, appetite good, tongue clean, bowels move daily, urine acid, contains urates; pain in left shoulder and side, sharp about nipple, much worse at night; pulse 110, temp. 102 at 5 p. m., no cough, base of left lung dull, stomach not dilated, sore where pain is felt and at umbilicus. Passed colon tube, no pain or mucus but much feces. Placed her on Defervescent for fever, cleaned out bowel and used antiseptics, iodiform and iron. She is stronger, pulse 90, fever 101 at same hour. The fever puzzles me—seems like subacute pleurisy—the sound lung indicates that—but it improved much under iodine externally.

"Fibrous Urine." Your suggestions helped me so much in my case of intestinal catarrh, that like Oliver Twist I am led to ask for more. I have a patient who professes to pass from the bladder material resembling woolen

Alcoholism: A Turkish bath is about the best means of quickly sobering a drunk, unless it be pilocarpine by hypo.

fiber. What will the A. A. Co. laboratory charge for examining a specimen?

J. T. S., Ohio.

The charge for examining the specimen you mention is \$1. Morning diarrhea is generally indicative of rectal ulcer. The cramps after meals would indicate duodenal ulcer. I think the attack you describe is autotoxemic pleurisy. Make and keep the bowels clear and aseptic, and continue your present excellent treatment until this attack subsides, then place the patient upon a diet digested wholly in the stomach—meat, oysters, milk, and rice, giving a Caroid tablet or three granules of papayotin at each feeding, which should be every four hours. Then place him upon this treatment: Silver oxide gr. 1-4; copper arsenite gr. 1-100, juglandin gr. 1-2, and iodoform gr. 1-2, every two hours during the day. With each dose give an intestinal antiseptic tablet. After two weeks drop the silver, giving instead one grain of zinc oxide at each dose. Should juglandin be insufficient to keep the bowels clear, use a daily enema of warm water, after which inject twenty minims of Euarol into the rectum to cure the ulcer. Finally, do not neglect to report results.—Ed.

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QUERY 3590:—"Vertigo." Maiden, 22, a week ago suddenly fainted in church; weak heart, pain through temples; gave her glonoin, faradic current, static positive head breeze as soon as she could stand; was very soon better. Attacks usually last one to three days. Has frequently suffered pain in head for three years, through temples, spot covered by finger, generally bilateral, if begins on one side the other is sure to follow within three days, side of head sore and tender for days after attack; has worn glasses for nine years, without benefit; treated by various doc-

tors with but temporary benefit; no sexual difficulty, menses normal, never headache at that time. Bowels regulated by syrup of figs, syncope only with the last two attacks, which are always sudden and followed by bad feelings for three days. Left school four years ago on account of these spells. Once went nearly a year without much pain. Pain in back at times. Pulse rapid and weak the only time I saw her. Heart sounds normal, no evidence of hysteria, is not nervous, on the contrary is very quiet and rational even when suffering exquisitely. Absolute rest and quiet are what she demands. No evidence of cerebral hyperemia during attacks. My idea is that the pain is due to non-elimination of toxins, formed in bowels and possibly in kidneys, and my treatment is: Morning saline, hepatic stimulant three times a day, to open and keep open the bowels; strychnine valerianate all she can bear; sulphocarbolates for intestinal antiseptics; faradic or static electricity, or both, applied daily; when I used ten minutes of each at my office she was free of pain and better than in two days previously. They consult me for electric treatment, having tried everything else. I rarely use it alone and so told her, though I might, as I have relieved constipation when drugs had failed, and also greatly increased elimination through the kidneys. This girl's appetite is generally poor; but often after an attack for a few days her appetite is ravenous. Sleeps well, uses neither tea nor coffee. Exercises, lives on farm, plenty of good food, is well educated, intelligent and red-headed. What is the cause? *Felix qui potuit rerum cognosce causas.*

E. B., Wisconsin.

I think the examination of the urine will furnish the key to this case; though the proper fitting of the eyes may solve it. I never feel satisfied with them until they have been examined by a specialist in whom I have the best of reason to confide. As an instance: A lady has

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Alcoholism: In fighting delirium it is sometimes necessary to quell the man with lobelin, nicotine or antimony—very dangerous.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

come to me from a great western city, where her eyes were pronounced all right; but our men here found them all wrong, and great relief has been felt since the glasses were put on. In this case you may find deficient renal elimination, autotoxemia, uricemia, or the malady may disappear when you take off her corsets. But somehow the suspicion grows on me that it is a case of epilepsy.—Ed.

❖

QUERY 3591:—"Assistant." I have taken one course of lectures at the Albany Medical College, but owing to limited means have been unable to attend this year. I am almost alone in this world, and have to be very economical if I wish to accomplish anything in the medical line. What I wish to do is to locate with some practising physician, and work very cheaply for the use of his library. I am willing to do anything for the above privilege. I am a young man, of good moral habits and character, and will refer to Dr. George McKinnon of this place.

FRED E. TRYON.

Box No. 388, Sidney, N. Y.

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QUERY 3592:—"Dropsy." I send urine for examination. She passes 32 to 40 ounces a day, s. g. 1023; feet and ankles swell, short of breath, urine sometimes scanty; ailing two years, since childbirth, before which limbs were swollen to body; since wheezy as to breathing, worse when has slight cold, or scanty urine. Is it interstitial nephritis?

J. R. T., South Dakota.

The examination does not indicate any form of nephritis. From your description of the case I would look to the heart as the source of trouble, and would strongly urge the use of apocynin in this case, in addition to such remedies as the special features of the case indicate, such

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Alcoholism: For the head and stomach the morning after a debauch, give hot clam juice with milk or water.

as iron arsenate for anemia, arsenic iodide for valvular vegetations, etc. Keep the patient upon the dry diet strictly.—Ed.

❖

QUERY 3593:—"?". Girl, 12, did not feel well; said nothing ailed her; first doctor diagnosed typhoid; temperature now over 99.5, after a month's illness; very constipated, slight tenderness over bowels, very deaf, sight dim, almost complete ptosis of lids, some paroxysmal pain in forehead, mind wandering much, no diazo reaction in urine, Kernig's sign well marked. No abdominal tenderness, temperature 98 to 99, occasional pain in head, totally blind and nearly deaf, eyeballs appear normal and pupils ditto; symptoms given here as told me by her doctor.

G. B. S., Iowa.

You had better begin by examining that girl's urine. I think nature is trying to establish menstruation. Give her quick relief by free sweating by pilocarpine, aided by hot water bottles placed all around her body. Clear her bowels with calomel followed by Saline Laxative, and from the condition you will get a pointer as to the existence of typhoid lesions. If you find them, give zinc sulphocarbolate; but if there is no evidence of intestinal disease except relaxation or constipation, give aloin to regulate the bowels and favor menses. But what is the urine intended for if not to reveal the condition of the body?—Ed.

❖

QUERY 3594:—"Retiring." I have been in regular practice for just fifty-three years, and am thinking of retiring. What do you advise?

E. H. R., Alabama.

I do not see why you should retire. The knowledge you have gained from your long experience is one of the most

Alcoholism: Acute poisoning calls imperatively for elimination, chronic for gastric antiseptics and strychnine.

valuable assets of your community, and does not altogether belong to you. Better associate a young doctor with you and give him the benefit.—Ed.

✽

QUERY 3595:—"Gastralgia." Man, 73, has severe colicky pains in stomach every three or four weeks, since June never entirely free from pain, previously healthy, never vomited, bowels regular, appetite always good; two brothers cancerous; color slightly yellowish, tender below ensiform cartilage and in gall-bladder but not marked, disappearing after morphine, stools very light, urine negative. Diagnosis, obstruction of the bile passages, possibly gastric cancer. Treatment, soda carbonate and phosphate, lithium citrate, in hot water every four hours; pilocarpine to sweating; pain quit for thirteen days, then relieved by morphine gr. 1-4 by mouth. I forward contents of stomach after test breakfast.

E. M. D., Wisconsin.

If this be a case of gallstone you will find bile in the urine. If there is cancer there will be some elevation of temperature and the patient will prefer to lie upon his stomach, with gradual emaciation and cachexia developing. The examination of the test breakfast does not indicate cancer. I would therefore apply the treatment for gallstones so often described in the CLINIC, namely, sodium succinate, dioscorein, and boldine, for the intervals; hyoscyamine, strychnine arsenate and glonoin for the paroxysms.—Ed.

✽

QUERY 3596:—"Typhoid and Pregnancy." I have a case of typhoid in a woman four and one-half months pregnant. Temperature 103. Is a miscarriage probable? Would the prognosis then be bad? I am using the W-A In-

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Alcoholism: Many a man drinks because his doctor does not see that his liver is doing its work properly.

testinal Antiseptics and the alkaloids.

O. E. W., Wisconsin.

Pregnancy seems in some degree to protect against typhoid infection. When it does occur there is some danger of abortion, and this is greater as the pregnancy proceeds. Out of 233 cases abortion occurred in 150, with death in thirty-seven; so you see it is not necessary that it should occur, and under your good treatment the patient has a very fair chance of escaping. The very interesting question is as to whether the child becomes immune, and the reply to this seems to be that sometimes it does and more times it does not.—Ed.

✽

QUERY 3597:—"Heart-Disease." Boy, 9, had rheumatism a year ago, after cured of that had scarlet fever in June, recovered from that all right. In July was taken with heart disease, then with dropsy and kidney trouble. Under treatment the dropsy seemed to get entirely well for several months. Within the last two weeks it has returned again and feet are so swollen he cannot walk, no pain across back and kidneys at all, coughs some and expectorates freely at times tinged with blood. Doctors now diagnose nephritis and say he must die. I have had such good results with your alkaloids I believe he can be cured. If you outline the treatment I will see that it is carried out.

M. J. S., Wisconsin.

This boy evidently has heart-disease following the rheumatism, but at his age I believe he can be saved. Here is his treatment: A teaspoonful of saline laxative in a glass of cold water on rising, apocynin one granule every two hours; arsenic iodide a granule three times a day. Let his diet be nourishing but limit the amount of liquid he takes as closely

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

as is possible. He must eat his food dry, not drinking with it, but let him have a small cup of any hot liquid, coffee being the best, after each meal, and that's enough. If he is thirsty let him chew gum.

The apocynin should act on his kidneys and bowels. Should it fail to do so, you can increase the dose until it does. Any symptoms of uremia manifesting themselves should be met by enemas of warm saline solution, or sweating by pilocarpine while the patient is in bed surrounded by hot-water bottles, or by both.—Ed.

❖

QUERY 3598:—"Autotoxemia." I am a physician, 39, weigh 180, single, appetite and urine normal, indigestion, constipation, backache, anemic, menstruated at 11; always well until four years ago, when had influenza, and since have palpitation and exaggerated nervousness. Recently bradycardia and paroxysmal tachycardia, puffy about eyes, blue about eyes and mouth, face and lips pallid, sometimes sallow, insomniac; better on tonics, laxatives and diuretics, but these symptoms persist: Swelling and discoloration about eyes, weak heart, florid or muddy skin, which seems to want sensibility at times. The influenza especially affected the brain and meninges. Since that attack I always feel uncertain about going up or down stairs. Flatulence at times distressing. I sit all day in my office, and only walk three blocks a day, to meals

Miss M. D.

You are suffering from autotoxemia due to constipation and sedentary habits. You know as well as I that no woman can lead the life you do and be healthy. The condition of your blood tinctures your thoughts and impairs your work as a physician. It is absolutely necessary that you get periods of rest and outdoor exercise every day of your life, and to

give any course of treatment to enable you to do without this necessity would be paltering with the truth. In the meanwhile you need Saline Laxative instead of aloes to regulate your bowels, a grain a day of berberine to restore tone, seven intestinal antiseptic tablets daily to disinfect your alimentary canal, and three granules of aluinin before each meal and at bedtime to clear up your complexion and wash out the kidneys. These medicines you need right off, until you can get the outdoor exercise, and it has time to do its work.—Ed.

❖

QUERY 3599:—"Neuralgia." Young lady, 24, single, school teacher, for three years has had severe headaches in left supraorbital and temporal region from one week to ten days previous to menstrual period, anemic, attacks not so frequent when out of school, feels well between times. I used two doses gr. 1-8 each, hypodermically, of methylene blue, with no result except the patient complained of skin feeling like paper over the covered end of a banjo to rub over with the hand. Then had to control case with morphine gr. 1-4 hypodermically. No misplacement of female genital organs.

B. D. E., Kansas.

This girl's eyes should be examined and glasses fitted at once. Regulate her bowels with anticonstipation granules, and during the menstrual week give caulophyllin or cypripedin, of either five granules four times a day. This nearly always works, but sometimes the habit is so inveterate that it must be broken up by Waugh's neuralgia combination: Zinc phosphide gr. 1-6, strychnine arsenate gr. 1-30, quinine arsenate, gr. 1-6, atropine valerianate gr. 1-34. Give together before meals and at bedtime.—Ed.

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Alcoholism: Many a man is a drunkard in the country who would not be one in the city, and vice versa.

Alcoholism: Study the patient, morally as well as physically, and his surroundings, to see why he drinks.



## NEWS, NOTES AND NOTIONS

For pruritus Andrews recommends hot water locally.

✽

Japan is endeavoring to civilize China by founding hospitals there.

✽

Silver washed in hot suds will not need cleaning with whiting, etc.

✽

Ritter says the pain of a serous effusion is due to its concentration.

✽

There is much alarm in Mexico over the appearance of the bubonic plague.

✽

An Irish physician cures advanced tuberculosis by inhalations of garlic juice.

✽

An English woman died of ptomaine poisoning after a meal of fried fish and onions.

✽

Adler found, in rabbits fed for months on tobacco, proliferation of the hepatic parenchyma.

✽

Custards kept in open vessels in the cellar or refrigerator are apt to become poisonous.

✽

New York says the Croton water is not responsible for the prevalence of typhoid fever there.

✽

Floors oiled twice yearly with cottonseed oil can be swept weekly without raising the dust.

Refrigerators should be sponged out with formaldehyde, two ounces in a quart of cold water.

✽

In Argentina it has been found that surgical tuberculosis of children does best at the seashore.

✽

Out of seventy-seven applicants for registry in Pennsylvania the State Board rejected thirteen.

✽

Gilbert found in a rabbit, chronically cocaineized, the hepatic endothelial cells heavily loaded with fat.

✽

Do much; say little; and you will win laurels in the great beyond.—J. E. Barnhill, M. D., Fordsville, Ky.

✽

Campanella restored a rabbit after profound asphyxia, by subcutaneous injection of hydrogen peroxide.

✽

Russia is shy on doctors, having only 8 to 100,000 population; while Germany has 30 and Great Britain 180.

✽

DeLee seeks to revive the use of the colpeurynter in inducing labor when the os is not dilating fast enough.

✽

MacGregor (*British Med. Jour.*) says the superstition that quinine causes malarial hematuria, dies hard.

✽

Richardson advocates sodium glycocholate as a solvent for gallstones, and the only real cholagog we possess.

The methods of the antivivisectionists grow very like those of the antivaccinationists, according to Prof. Keen.

Pressey pronounces static electricity a valuable adjunct in the treatment of narcotic drug addictions.—*J. A. M. A.*

For habitual abortion potassium chlorate is recommended, in doses of gr. iij daily, during the whole pregnancy.

Dufour produced eczema with renal and hepatic congestion in dogs by feeding them exclusively on a meat diet.

There is a fine opening for an educated physician in West Liberty, W. Va. Dr. Epstein can give information about it.

An English journal recommends poulticing for gonorrheal arthritis. Apply as hot as possible and change frequently.

Clemens treats rheumatoid arthritis by syrup of iron iodide, a dram three times a day, for three months. Generous diet.

Genex reports gratifying success in treating whooping-cough with formalin vapors, with Schering's Formalin Lamp.

The Carnegie Institute of Washington has renewed the publication of the *Index Medicus*, the subscription being \$5 a year.

Here is a good one. "A little knowledge is dangerous."—Well, who has enough of it to be out of danger?—Dr. E.

An animal trainer shocked a lion with electricity. The lion's howls shocked

the audience, and a judge shocked the trainer by fining him for cruelty to animals. Next time he had better try wireless electricity.

Anorexia: Beechwood creosote, drops one to three, in capsules after meals, particularly in hypochondriasis.—*J. F. Stong.*

Assistant Surgeon C. F. Keifer, U. S. A., is to give the senior class of Jefferson College a course of lectures on tropical diseases.

The small bowel is sterile through most of its extent, the ileocecal region being the focus of worst trouble.—*Brit. Med. Jour.*

Frederich saved all ten cases of general peritonitis, due to appendicitis or trauma, by drainage and subcutaneous feeding.

Dietrich and several observers say that vaccination not only cures whooping-cough but to a certain extent protects against it.

Dr. Lorenz says that his American trip has paid him only \$30,000, not the \$200,000 which the reporters allege he received.

After tests covering two years a new remedy is announced for tumors. It is by the use of boiling water that a cure is effected. Using the ordinary aseptic precautions, water is taken directly from a cauldron and injected into the substance of the tumor. The water must be at a temperature of from 190 to 212 degrees Fahrenheit or even higher.

Alcoholism: Men whose nerves have been saturated in alcohol 20 years may not bear strychnine tonic well.

Alcoholism: Strychnine habit is preferable to alcoholism, but this is not the case as to the cocaine habit.

For about a cent the friars in the Philippines sell a cross and prayer guaranteed to prevent cholera.—*Med. Times*.

❖

Receding gums, due to ptialism or in convalescence, are benefited by the application of tannin glycerite.—*Medical Standard*.

❖

For the seventh consecutive year Chicago has been the healthiest large city in America. New York 19.18, Boston 18.58, Philadelphia 17.85, Chicago 14.49.

❖

The *Medical Times* has a most seasonable editorial on the question of aborting typhoid fever, that is well worth taking the trouble to send for. January, 1903.

❖

A Chicago surgeon recently removed a knife blade from the brain of a patient after it had been imbedded there for twenty-two years.

❖

In Kansas City a man reputed to be worth \$100,000 voluntarily became an inmate of the pest-house, where he recovered from smallpox.

❖

A Fort Dodge boy is living, and seems on the high road to recovery with a bullet in his brain. The boy was shot a week ago while hunting.

❖

Medicine as a profession for women is constantly growing in popularity in London. Women now holding medical degrees in Great Britain number more than 500.

❖

Last year there were 196 suicides in Philadelphia. There might have been many more, but the line between slumber

and death is somewhat dim in that city, and people who would commit suicide elsewhere simply go on living there, and don't notice the difference.

❖

The Illinois State Board of Health is pushing for a State home for consumptives, an examining board, and better laws for the suppression of contagious diseases.

❖

Insanity followed the hypnotism of an ill-balanced German, and a suit followed, from which the hypnotist barely escaped, on the plea that the injury was unintentional.

❖

Shumway (*Phila. Med. Jour.*) reports a case of burn from amyl nitrite used by an epileptic to stop a fit. The sight of one eye was destroyed. Better use glonoin granules.

❖

The violet has been recommended for eczema, for cancer, and now Behrmann says it cures acne. There is an alkaloid in it known as violine, but it has not been produced commercially.

❖

Quite a good location in a suburb of New York City has been brought to our notice. A hospital position goes with it. It is in a block of flats, 6,000 people with only two doctors there.

❖

Gould has made a study of the diseases of illustrious invalids, and concludes that De Quincey, Carlyle, Darwin, Huxley and Browning each suffered from eye-strain. We had studied this question ourself, and concluded that they all were autotoxemic. Typical cases every one of them.

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Alcoholism: The "cure" of alcoholism by morphine or cocaine is assuredly casting out Satan by Beelzebub, or worse.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

Madame de Stael said that the more she saw of men, the better she liked dogs. Dr. Keen says that the more he studies dogs the better he can treat men. We approve of Dr. Keen's philosophy.

✽

Official investigation into the reported growth of the opium habit in France, disclose conditions of a most alarming nature. In many quarters in the larger cities the vice is becoming rampant.

✽

Dr. Reed, U. S. Surgeon, left no estate, and efforts are being made to raise a fund for his family. Better raise the fund yourself while still alive. Maybe it will not succeed when you are dead.

✽

Luethje says that salicylic medication always causes desquamation in the kidneys and urinary passages, and inflammation of the bladder. Never give this drug more than four days at a time, even in rheumatism.

✽

Hutchison gets rid of the effusion accompanying rheumatic gout by applying flannels soaked in saturated salt solution, covered with oiled silk and repeated nightly.—*Polyclinic*. Why not try epson solution?

✽

At last France shows signs of vital revival. The year 1901 showed an increase in her population of 72,398; the preceding year having seen a decrease of 25,988. The influence of colonization may be studied with advantage.

✽

As a practical corollary to our editorial on outdoor sports, the following may interest some readers: Drs. Abbott and Waugh belong to a Gun Club, which

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Alcoholism: There is a cure for every man who is alcoholic, but every alcoholic is not necessarily a man, or woman.

controls over 2,000 acres of the best shooting grounds for ducks in Wisconsin. The lake is also one of the best for fish in the State, one member having caught fifty small-mouthed bass in one day. At the last meeting of the club several memberships were placed at the disposal of the club, the owners having removed, died, or for other reasons relinquished membership. We asked and were given till March 1st to fill these, at the rate of \$50 each, the regular price being \$75; and if any of our friends desire one of these memberships he should write to Dr. Waugh at once. The club has a fine boat-house, with racks and lockers for every member. No club-house has been erected, as there is a small and very well kept hotel at the place which answers every purpose, without the great expense entailed by a club-house. The annual dues are only \$10, with no assessments. The shooting is fine, our two doctors having got over ninety ducks within two hours on one occasion. Such opportunities are growing rare, as the number of shooters is rapidly increasing, while the game still more rapidly grows rarer. In a few years it will be impossible for anyone to find good shooting except on protected tracts such as the clubs control. As an investment this is a good proposition; and these memberships will be worth probably ten times their present cost within ten years. In the summer many of the members send their families up to the lake for the fishing, and even in the shooting season some of the ladies accompany us, the accommodations being excellent. The club would like to have the vacancies filled by physicians for obvious reasons. If anything should occur it is good to have a doctor handy.

Alcoholism: In treating alcoholics be sure the man is there to treat. A man may live after the soul is gone from him.

Since the census year 1900 pneumonia has claimed more than one-eighth of all the victims of the Grisly Reaper in Chicago, one-third more than consumption and 46 per cent more than all the other contagious and infectious diseases combined, including diphtheria, erysipelas, influenza, measles, puerperal fever, scarlet fever, smallpox, typhoid fever and whooping-cough, the total of which deaths was 4,489, as compared with a total of 6,562 deaths from pneumonia.

During the first seventeen days of the current year, out of the total 1,436 deaths reported up to the close of record hours last Saturday, 299 were from pneumonia—or a little more than one-fifth of the total deaths from all causes. During the first seventeen days of last year 227 pneumonia deaths were reported, the figures showing an increase of nearly one-third (31.7 per cent) this year over last.

Based on the United States census figures of population, the deaths from consumption in 1860 were 25.28 per 10,000 (276 deaths in 109,206 population). In 1900 they were 15.30 per 10,000 (2,599 deaths in 1,698,575 population), a decrease of nearly 40 (39.1) per cent of consumption mortality in the forty years in this city. From pneumonia the forty-eight deaths in 1860 represent a rate of 4.40 per 10,000 of the population; in 1900 the 3,389 deaths represent a rate of 19.95 per 10,000, an increase of more than 350 (353.4) per cent of pneumonia mortality.

It is well known that pneumonia is a highly contagious disease, the cause of which is a micro-organism in the sputa of those suffering from the malady, and that it is contracted by inhaling this germ. Therefore, the same care should

be taken to collect and destroy the sputa that is taken in pulmonary tuberculosis, or in diphtheria or influenza.

During the illness the greatest pains should be taken to prevent soiling bed-clothing, carpets or furniture with the sputa, and after the illness the patient's room should be thoroughly cleansed and ventilated.

The fact that the disease is most prevalent in the winter season, when people are most crowded together and live much of the time in badly ventilated apartments, makes obvious the necessity of thorough ventilation of houses, offices, factories, theaters, churches, passenger cars and other public places, in order that the air which must be breathed may be kept clean and free from infectious matter.

Laymen should be taught not to be afraid of a patient who has pneumonia, influenza or tuberculosis, but to be afraid of lack of cleanliness about him during his illness, of failure to enforce prophylactic measures and of close, badly-ventilated apartments during the season when these diseases most prevail.

Since pneumonia is most fatal at the extremes of life—the young and the aged—special care should be taken to guard children and old persons against exposure to the infection of those already suffering with the disease and against cold, privation and exposure to the weather, which are potent predisposing causes.—Reynolds.

✽

Does prohibition prohibit? Shut the saloons and the sales of liquors shift to the grocery and the drug store; while the sales of opiates and cocaine multiply. Law forces trade into different channels, but it goes on just the same.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

Alcoholism: While every case is curable, there is no single cure for every case. Nature deals in no panaceas.



The German Hospital and Drexel Home in Philadelphia have received over half a million apiece from the estate of J. D. Lankenau. How many institutions are wishing their friends would die.

✽

A Paris dispatch states that serum treatment for lockjaw has failed so signally, that serious doubts are beginning to creep into the French Academy of Medicine, as to whether the great principle discovered by Pasteur is as generally applicable as has been believed.

✽

Mr. Schwab, of the Steel Trust, has given \$300,000 for a consumption hospital in Philadelphia, under Dr. Flick's direction. Good for Flick. He has been years working on that line, and we are glad to see success at last crowning his labors. He deserves it.

✽

The last census gives a Georgia negro as the oldest person in the United States. She is 150 years of age. There are 86 persons over 120; 28 males and 58 females. All above 115 are negroes except one Indian aged 130. There are 33,762 over 90 years.

✽

Here's a pointer for erysipelas! Apply paste of sweet oil and powdered magnesia, hot, over the affected parts. Renew every four hours. Open up alimentary canal. Push calcium sulphide gr. 1-6 every two hours, two grains quinine every two hours. Watch results.

✽

The study of the action of the lemon juice on the typhoid bacillus and on the colon bacilli, which are the cause of many forms of acute intestinal and other diseases, has been continued in the laboratory with very interesting results. The

juices of different specimens of lemons were found to vary materially in germicidal action — that from some specimens requiring as much as 10 per cent to kill all the exposed germs.

Experiments with other fruit juices have also been made on quite an extended scale. Lime juice, apple juice, the juice of grape fruit, and grape juice have been tested. While all of these have a more or less inhibiting effect on the growth or vitality of these bacilli, the bottled grape juice found in grocery stores gave the most conclusive results—although there was a marked difference between the brands. With some brands a proportion of 1 per cent effectually and permanently destroyed the vitality of both the typhoid and the colon bacilli—"no growth" at the end of seven days' incubation.

Cultures of these germs were used to infect both distilled water and water from the laboratory tap, in a strength of about 10,000,000 bacilli to a cubic centimeter—about one-third of a teaspoonful. The bottled grape juice was then added in proportions varying from 1 to 5 per cent. Examinations made at one-minute intervals showed that some brands had killed the germs at the end of the first minute, as also does the lemon juice if of proper strength. The effect is almost instantaneous.

The advantage of those brands of bottled grape juice which gave these results is that the quantity required—1 per cent—does not affect the flavor of the water or disturb digestion, as lemon juice does with some individuals.

The freshly-extracted juice of the grape prepared in the laboratory had no effect on the bacilli in a proportion as high as 100 per cent.

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Alcoholism: If it were absolutely necessary to cure a drunkard, would you advise him to run away from his wife?

Alcoholism: Our sympathies are usually with the wife, whose man needs killing; but are all women angels ex-officio?